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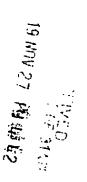
	(Requestor's Name)	
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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500 ACCOUNT NO. : I2000000195 REFERENCE: 069794 4336482 AUTHORIZATION : COST LIMIT : ORDER DATE: November 27, 2019 ORDER TIME : 3:07 PM ORDER NO. : 069794-005 CUSTOMER NO: 4336482 DOMESTIC FILING NAME: PALM LAKE MHP II LLC EFFECTIVE DATE: _ ARTICLES OF INCORPORATION _ CERTIFICATE OF LIMITED PARTNERSHIP XX ARTICLES OF ORGANIZATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: ___ CERTIFIED COPY XX PLAIN STAMPED COPY ____ CERTIFICATE OF GOOD STANDING CONTACT PERSON: KADESHA ROBERSON- EXT.62980

EXAMINER'S INITIALS:

COVER LETTER

TO:	New Filing Section Division of Corporations		
SUBJEC	PALM LAKE MHP II LLC		
000020		Limited Liabi	ity Company
The encl	osed Articles of Organization and fee(s	s) are submitted	for filing.
Please re	turn all correspondence concerning thi	s matter to the	following:
	Robyn Tuerk, Esq.		
		Name of	Person
	Philips International		
		Firm/Co	mpany
	295 Madison Avenue, 2nd Floor		
		Addr	css
	New York, New York 10017		
	rtuerk@pihc.com	City/State an	d Zip Code
	E-mail address: (to be u	sed for future a	innual report notification)
For further	information concerning this matter, pl	ease call:	
	Robyn Tuerk	212	951-3801
	Name of Person		Daytime Telephone Number
Enclosed	is a check for the following amount:		
	Filing Fee S130.00 Filing Fee & Certificate of Status	Certific	0 Filing Fee & \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Oaka tala Mila				
Palm Lake MHP (Must co		Liability Com	pany, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street		·	,	
<u>Princi</u>	pal Office Address:		Mailing A	ddress:
295 Madison Ave			295 Madison Avenue, 2	2nd Floor
New York, New Y	ork 10017		New York, New York 1	0017
	Corporation Service	e Company Name		_
	1201 Hays Street		····	-
	Florida street addres	ss (P.O. Box <u>N</u>	OT acceptable)	
	Tallahassee	FL	32301	_
	City	State	Zip	
Having been named as registered place designated in this certificate further agree to comply with the pam familiar with and accept the o	. I hereby accept the app rovisions of all statutes r bligations of my position Corporation Serv	ointment as reg elating to the p as registered a ice Company	gistered agent and agree to roper and complete perforn gent as provided for in Ma	act in this capacity. I

FILED
2019 NOV 27 PM 2: 56
SEPACIAL SEE THE SEE

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	Philip Pilevsky
	295 Madison Avenue, 2nd Floor
	New York, New York 10017
MGR	Michael Pilevsky
· · · · · · · · · · · · · · · · · · ·	295 Madison Avenue, 2nd Floor
	New York, New York 10017
<u>MG</u> R	Seth Pilevsky
	295 Madison Avenue, 2nd Floor
	New York, New York 10017
MCD	
MGR	Diana Marrone
	295 Madison Avenue, 2nd Floor
	New York, New York 10017
(Use attachment if necessary) CLE V: Effective date, if other than the date	e of filing:
ICLE V: Effective date, if other than the date a effective date is listed, the date must be spate of filing.)	pecific and cannot be more than five business days prior to or 90 days a meet the applicable statutory filing requirements, this date will not be listed.
ICLE V: Effective date, if other than the date a effective date is listed, the date must be spate of filing.) If the date inserted in this block does not elecument's effective date on the Department ICLE VI: Other provisions, if any. REQUIRED SIGNATURE:	pecific and cannot be more than five business days prior to or 90 days a meet the applicable statutory filing requirements, this date will not be liste of State's records.
ICLE V: Effective date, if other than the date a effective date is listed, the date must be spate of filing.) If the date inserted in this block does not occument's effective date on the Department ICLE VI: Other provisions, if any. REQUIRED SIGNATURE:	meet the applicable statutory filing requirements, this date will not be liste of State's records.
ICLE V: Effective date, if other than the date a effective date is listed, the date must be spate of filing.) If the date inserted in this block does not cocument's effective date on the Department ICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a mu This document is execular an aware that any false	pecific and cannot be more than five business days prior to or 90 days a meet the applicable statutory filing requirements, this date will not be liste of State's records.
ICLE V: Effective date, if other than the date a effective date is listed, the date must be spate of filing.) If the date inserted in this block does not cocument's effective date on the Department ICLE VI: Other provisions, if any. REOURED SIGNATURE: Signature of a fine This document is execular maware that any false constitutes a third degree.	meet the applicable statutory filing requirements, this date will not be listed of State's records. The control of State is records. The control of State is records. The control of State is recorded in accordance with section 605.0203 (1) (b), Florida Statutes, information submitted in a document to the Department of State information submitted in a document to the Department of State information submitted in a document to the Department of State information submitted in a document to the Department of State information submitted in a document to the Department of State information submitted in a document to the Department of State information submitted in a document to the Department of State information submitted in a document to the Department of State information submitted in a document to the Department of State information submitted in a document to the Department of State information submitted in a document to the Department of State information submitted in a document to the Department of State information submitted in a document to the Department of State information submitted in a document to the Department of State information submitted in a document to the Department of State information submitted in a document to the Department of State information submitted in a document to the Department of State information submitted in a document to the Department of State information submitted in a document to the Department of State information submitted in a document in the submitted in

Filing Fees:
\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

ARTICLE IV-