119000 283959

(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP	☐ WAIT	MAIL					
(Business Entity Name)							
(Document Number)							
Certified Copies	Certificates of	Status					
Special Instructions to Filing Officer.							
							

Office Use Only



100337609181

12/03/19--01006--010 **125.00

2019 DEC -3 MITH 42

DOINDEC -3 AMIL: 3

CORPORATE

When you need ACCESS to the world

ACCESS, ____ INC.

236 East 6th Avenue, Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALKIN									
		PICK U): <u>12</u> /	/03/2019	<u></u>				
		CERTIFIED COPY							
	жх	РНОТОСОРУ							
		CUS			_				
	xx	FILING	LLC		<u>,-</u>				
1.		4310 LEMMON AVENUE, I (CORPORATE NAME AND DOCUMEN		-					
2.		(CORPORATE NAME AND DOCUMEN	·#)						
3.		(CORPORATE NAME AND DOCUMEN	#)	- 1-					
4.		(CORPORATE NAME AND DOCUMEN	#)			<u> </u>			
5.		(CORPORATE NAME AND DOCUMEN	#)			-			
6.		(CORPORATE NAME AND DOCUMEN	#)	<u>.</u>					
	ECIAI TRU	L CTIONS:		··					
									

Articles of Organization For Florida Limited Liability Company

Article I

The name of the Limited Liability Company is:

4310 LEMMON AVENUE, LLC

Article II

The street address of the principal office of the Limited Liability Company is:

322 W 57th Street 55P New York, NY 10019

The mailing address of the Limited Liability Company is:

322 W 57th Street 55P New York, NY 10019

The email address to receive notifications from the Florida Department of State is:

nancy@negproperty.com

Article III

The name and Florida street address of the registered agent is:

Joseph A. Porrello, Esq. 7700 N. Kendall Drive Suite 602 Miami, FL 33156

Having been named as registered agent and to accept service of the process for the above stated limited liability company at the place designated in this certificate. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered agent signature: /s/ Joseph A. Porrello, Esq.

Article IV

The Limited Liability Company will be a manager-managed company. The name and address of person authorized to manage Limited Liability Company is:

Rhonda Adams Title: Manager 322 W 57th Street 55P New York, NY 10019

Signature of member or an authorized representative: /s/ Rhonda Adams

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.