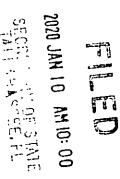
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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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Office Use Only



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J. FASON JAN 1 3 2020 Iricorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301

850.656.7956 Fax: 850.656.7953 www.incserv.com

e-mail: accounting@incserv.com

ORDER FORM

TO Florida Department of State

The Centre of Tallahassee 2415 North Monroe Street, Suite 810 Tallahassee, FL 32303

corphelp@dos.myflorida.com

850-245-6051

FROM Melissa Stops

mstops@incserv.com

850.656.7953

REQUEST DATE 1/10/2020

PRIORITY Routine

OUR REF # (Order ID#) 799010

ORDER ENTITY

24TH ST. MAGOO LLC

PLEASE PERFORM THE FOLLOWING SERVICES:

24TH ST. MAGOO LLC (FL)

New LLC filing

NOTES:

\$125.00 Authorized

Email address for annual report reminders: jim@weinbergpc.com

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: 120050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Friday, January 10, 2020 Page 1 of 1

AKTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

24TH ST. MAGOO LLC	
(Must conatin the words "Limited Liab	ility Company, "L.L.C" or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office Principal Office Address:	of the Limited Liability Company is: Mailing Address:
	
51-53 NE 24TH STREET	C/O PLATKIN
C/O BIG MOVES PROPERTIES MIAMI, FL 33137	17 EAST 17TH STREET, 4TH FLOOR
MIAMI, FL 33137	NEW YORK, NY 10003

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

CHARLES PLATKI	IN	
	Name	
2760 N. BAY ROAI)	
Florida street addres	s (P.O. Box <u>NOT</u> ac	cceptable)
MIAMI	FL	33140
City	State	Zip

Having been named as registered agent and to accept service of 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 as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

020 JAN 10 AM 10: 01

"AMBR" = Authorized Member	Name and Address:
"MGR" = Manager MGR	CHARLES PLATKIN
MON	17 EAST 17TH STREET, 4TH FLOOR
	NEW YORK, NEW YORK 10003
<u></u>	
effective date is listed, the date must be s	e of filing: (OPTIONAL) pecific and cannot be more than five business days prior to or 90 days af
effective date is listed, the date must be sate of filing.) If the date inserted in this block does not becament's effective date on the Department	pecific and cannot be more than five business days prior to or 90 days at meet the applicable statutory filing requirements, this date will not be listed
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The name and address of each person authorized to manage and control the Limited Liability Company:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)