Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

. (850)617-6381

From:

Account Name

: RABIDEAU KLEIN

Account Number : I20200000035

: (561)655-6221 : (561)655-3221

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

FLORIDA LIMITED LIABILITY CO.

705 New York, LLC

Certificate of Status	1
Certified Copy	1
Page Count	07
Estimated Charge	\$160.00

(D)

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

TO: I	New Filing Sec Division of Cor	tion porations		·	:
SUBJEC	705 New Y	ork, LLC			
GODGEC.	··	Name of	Limited Liabi	lity Company	
The enclo	sed Articles of	Organization and fee(s	i) are submitte	d for filing.	
Please ret	urn all correspo	ondence concerning thi	s matter to the	following:	
	David E. Kle	ein, Esq.			•
		 	Name o	f Person	
	Rabideau Kl	ei n			
			Firm/C	отралу	
	· 400 Royal P	alm Way, Suite 404			
		· · · · · · · · · · · · · · · · ·	Add	ress	
	Palm Beach,	FL 33480			
	dklein@rabid	eauklein.com	City/State a	nd Zip Code	
			ised for future	annual report notificati	ion)
For further	information co	nceming this matter, p	lease call:		
	Garrett Ellis	aí	561 L(655-6221	
	Nam	e of Person	Area Code	Daytime Telephon	e Number
Enclosed	is a check for the	he following amount:			
□\$125.0	0 Filing Fee	☐\$130.00 Filing Fe Certificate of Status	: Certi	55.00 Filing Fee & fied Copy nal copy is enclosed)	■\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		g Address		Street Address	
		iling Section		New Filing Section D	
		on of Corporations ox 6327		The Centre of Tallaha 2415 N. Monroe Stre	
		assee, FL 32314		Tallahassee, FL 3230	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

he name of the	Limited Liability Company is:		•
705 ነ	New York, LLC		
	(Must conatin the words "Limited]	Liability Company, "	L.L.C.," or "LLC.")
RTICLE II - A	Address:		•
he mailing addi	ess and street address of the principal o	ffice of the Limited I	Liability Company is:
	Principal Office Address:		Mailing Address:
			4.P 1
705 1	New Jersey Road	733 \$	unset Road
West ARTICLE HI - The Limited Lia	Palm Beach, FL 33401 Registered Agent, Registered Office, bility Company cannot serve as its own	West & Registered Agent Registered Agent Y	Palm Beach, FL 33401
RTICLE III - The Limited Liz nother business	Palm Beach, FL 33401 Registered Agent, Registered Office, bility Company cannot serve as its own entity with an active Florida registration	& Registered Agent Registered Agent. Y	Palm Beach, FL 33401
RTICLE III - The Limited Liz nother business	Palm Beach, FL 33401 Registered Agent, Registered Office, bility Company cannot serve as its own entity with an active Florida registration of the registered effortida street address of the registered	& Registered Agent Registered Agent. Y	Palm Beach, FL 33401
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RTICLE III - The Limited Liz nother business	Palm Beach, FL 33401 Registered Agent, Registered Office, bility Company cannot serve as its own entity with an active Florida registration of the registered effortida street address of the registered	& Registered Agent Registered Agent. Y. n.) agent are:	Palm Beach, FL 33401
RTICLE III - The Limited Liz nother business	Palm Beach, FL 33401 Registered Agent, Registered Office, bility Company cannot serve as its own entity with an active Florida registration of Florida street address of the registered David E. Klein	& Registered Agent Registered Agent Y n.) agent are: Name	Palm Beach, FL 33401 2's Signature: ou must designate an individual or
RTICLE III - The Limited Liz nother business	Palm Beach, FL 33401 Registered Agent, Registered Office, bility Company cannot serve as its own entity with an active Florida registration of Florida street address of the registered David E. Klein 400 Royal Palm Way	& Registered Agent Registered Agent Y n.) agent are: Name	Palm Beach, FL 33401 2's Signature: ou must designate an individual or

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)

MGR NANCY S. HONCHAR TOLEMINGO DRIVE WEST PALM BEACH, FL 33401 MGR JANET S. ALEXANDER T33 SUNSET ROAD WEST PALM BEACH, FL 33401 LE V: Effective date, if other than the date of filing: (Use attachment if necessary) LE V: Effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days a of filing.) the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list ment's effective date on the Department of State's records. LE VI: Other provisions, if any. REOURED SIGNATURE: Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Status of the date in the date in the date in the date of the date in the date of the dat	Title: "AMBR" = Authorized	Name and Address: ed Member
(Use attachment if necessary) ### INDITIONAL	"MGR" = Manager	
WEST PALM BEACH, FL 33401 JANET S. ALEXANDER 733 SUNSET ROAD WEST PALM BEACH, FL 33401 WEST PALM BEACH, FL 33401 LE V: Effective date, if other than the date of filing:	MGR	
JANET S. ALEXANDER 733 SUNSET ROAD WEST PALM BEACH, FL 33401	•	701 FLAMINGO DRIVE
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(Use attachment if necessary) E V: Effective date, if other than the date of filing:		WEST PALM BEACH, FL 33401
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Tallahassee, FL 32314

COVER LETTER

TO:	New Filing Sec Division of Cor							
SUBJE	705 New Y	ork, LLC			:			
ODJE		Name of Li	imited Liabili	ty Company				
The end	closed Articles of	Organization and fee(s) a	ire submitted	for filing				
	•	ondence concerning this m		_				
	David E. Kle			·				
	David E. Kit	:ui, Esq.	Name of	Descon	· · · · · · · · · · · · · · · · · · ·			
			Name of	Person				
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			Firm/Co	mpany		AH AH AH	<u> </u>	ŗ
	400 Royal P	alm Way, Suite 404				SP P	3 F	- .
			Addr	tss				
	Palm Beach,	, FL 33480				F 5 1ATI	MID:53	الد
	-		City/State an	d Zip Code		 (ند	
	 _	eauklein.com						
	1	E-mail address: (to be use	d for future a	nnual report notificati	ion)			
For furth	er information co	ncerning this matter, plea	se call:					
	Garrett Ellis	: at (561	655-6221)		4		
	Nam	e of Person	Area Code	Daytime Telephon	e Number			
Enclose	ed is a check for t	he following amount:						
	5.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	Certifi	5.00 Filing Fee & ed Copy al copy is enclosed)	\$160.00 Fili Certificate of S Certified Copy (additional copy	Status &		
		ng Address		Street Address				
		iling Section on of Corporations		New Filing Section Di The Centre of Tallaha				
		Sox 6327		2415 N. Monroe Stre				

Tallahassec, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ADDICEDIA	•		
ARTICLE I - Name: The name of the Limited	Liability Company is:		
705 New Yor		<u></u>	
(Mu	ust conatin the words "Limited	Liability Company, "I	L.C.," or "LI.C.")
ARTICLE II - Address The mailing address and	street address of the principal o	office of the Limited L	iability Company is:
<u> 1</u>	Principal Office Address:		Mailing Address:
705 New Jers	ey Road		unset Road
West Palm Bo	each, FL 33401	West I	Palm Beach, FL 33401
(The Limited Liability Co	red Agent, Registered Office, ompany cannot serve as its own with an active Florida registration	Registered Agent, Yo	's Signature: ou must designate an individual or
The name and the Florida	a street address of the registered	d agent are:	
	David E. Klein		
		Name	
	400 Royal Palm Wa	y, Suite 404	
•	Florida street addres	s (P.O. Box NOT acc	eptable)
	Palm Beach	Florida	33480
	City	State	Zio

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)

Title:		Name and Address:
"AMBR" = Authorize	d Member	•
"MGR" = Manager		
MGR		NANCY S. HONCHAR
		701 FLAMINGO DRIVE
		WEST PALM BEACH, FL 33401
MGR		JANET S. ALEXANDER 733 SUNSET ROAD
		WEST PALM BEACH, FL 33401
	_	
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