

Division of Corporations  
Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

L20000133921

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To:  
Division of Corporations  
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From:  
Account Name : INTERSTATE FILINGS LLC  
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Email Address: contact@interstatefilings.com

**FLORIDA LIMITED LIABILITY CO.  
KEY WEST FL HOLDCO LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

2020 MAY 21 AM 11:47  
STATE OF FLORIDA  
DIVISION OF CORPORATIONS

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5/21/2020 9:38:05 AM PAGE

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May 21, 2020

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

INTERSTATE FILINGS LLC

SUBJECT: KEY WEST FL HOLDCO LLC  
REF: W20000050171

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Please review the Registered Agent's address, the city was misspelled.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Lillie S Kervin  
Regulatory Specialist II

FAX Aud. #: H20000150178  
Letter Number: 520A00010245

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

KEY WEST FL HOLDCO LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

440 SYLVAN AVE. SUITE 240  
ENGLEWOOD CLIFFS, NJ 07632

Mailing Address:

440 SYLVAN AVE. SUITE 240  
ENGLEWOOD CLIFFS, NJ 07632

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

INTERSTATE AGENT SERVICES, LLC

Name

100 SE 2nd Street Suite 2000 #209

Florida street address (P.O. Box NOT acceptable)

Miami

FL

33131

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)

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**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MGRM

**Name and Address:**

SIMCHA HYMAN

440 SYLVAN AVE, SUITE 240

ENGLEWOOD CLIFFS, NJ 07632

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(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

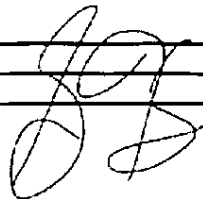
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

\_\_\_\_\_

**REQUIRED 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 Statutes. I am aware that any 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.

SIMCHA HYMAN

Typed or printed name of signer

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