CSC TRANSOL

6/18/2020



# Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet** 

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number : I20000000195 Phone : (850)521-0821 Fax Number : (850)558-1515

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

Email.	Address:			

## FLORIDA LIMITED LIABILITY CO. 9082 CAPISTRANO STREET NORTH NO. 4806 LLC

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Page Count	02
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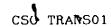
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#### H20000186390 3

#### ARTICLES OF ORGANIZATION FOR FLORIDA HMITTED HABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability  9082 Capistrano Stree (Must conati	t North No. 4806 LLC		any, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street add	dress of the principal o	ffice of the Lin	rited Liability Company is.	
<u>Principal</u>	Office Address:		Mailing Addi	ress:
55 Salmons Hollow R	55 Salmons Hollow Road		55 Salmons Hollow Road	
Brewster, New York 1	0509		Brewster, New York 10509	
another business entity with an ac	-	l agent are: Company Name	OT acceptable)	PILED 2020 JUN 18 MH 10: SECRETARY OF STAT
	Tallahassee	FL	32301	西州 二
	City	State	Zip	-
Having been named as registered as place designated in this certificate, if further agree to comply with the proam familiar with and accept the obli	hereby accept the approvisions of all statutes rigations of my positionCorporation Setv	ointment as res elating to the p as registered a ise Company	istered agent and agree to act oper and complete performan	in this capacity. I ace of my duties, and I r 605, F.S

(CONTINUED)



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\$ 5.00 Certificate of Status (Optional)

ARTICLE IV-

### H20000186390 3

"AMBR" = Autho "MGR" = Manage <u>AMBR</u>		Name and Address:	
AMBR			
		JC1. Realco Holdings LLC	
		55 Salmons Hollow Road Brewster, New York 10509	
		Diensel, then Tolk 10002	
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(See Bilderimeni i	. 1100000001))	DE -	
late of filing.)	in this block does no	specific and cannot be more than five business days prior to or 90 day of meet the applicable statutory filing requirements, this date will not be ent of State's records.	
TCLE VI: Other provis			
		Amend the University that	
	NATURE:	John Lavelli	
REQUIRED SIG		member or an authorized representative of a member.	
	his document is exc am aware that any fa	cuted in accordance with section 605.0203 (1) (b), Florida Statutes, also information submitted in a document to the Department of State	
	his document is exc am aware that any fa	ecuted in accordance with section 605,0203 (1) (b), Florida Statutes.	
	his document is exc am aware that any fa	couted in accordance with section 605.0203 (1) (b), Florida Statutes, also information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.S.	