

L20000165780

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

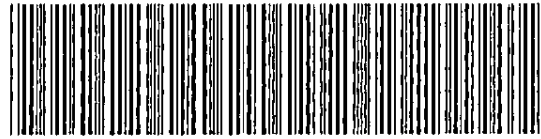
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700346054137

06/10/20--01002--010 **125.00

2020 JUN 19 AM 11:39
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

N C...
JUN 10 2020

**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

236 East 6th Avenue, Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

PICK UP: 6/9 Glinda

- CERTIFIED COPY** _____
- PHOTOCOPY** _____
- CUS** _____
- FILING** LLC _____

LIB Arbor Ridge, LLC

(CORPORATE NAME AND DOCUMENT #)

(CORPORATE NAME AND DOCUMENT #)

(CORPORATE NAME AND DOCUMENT #)

(CORPORATE NAME AND DOCUMENT #)

(CORPORATE NAME AND DOCUMENT #)

(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS:



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 12, 2020

CORPORATE ACCESS, INC.

SUBJECT: LIB ARBOR RIDGE, LLC
Ref. Number: W20000057912

Corrected

We have received your document for LIB ARBOR RIDGE, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

Florida law requires the street address of the principal office and, if different the mailing address of the entity. A post office box is not acceptable for the principal office.

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.

Neysa Culligan
Regulatory Specialist II

Letter Number: 220A00011428

2020 JUN 19 PM 3:53

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

2020 JUN 19 AM 11:39

ARTICLE I - Name:

The name of the Limited Liability Company is:

SECRETARY OF STATE
TALLAHASSEE, FL

LIB Arbor Ridge, 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:

Mailing Address:

4340 S. Washington Avenue
Titusville, Florida 32780

4340 S. Washington Avenue
Titusville, Florida 32780

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.)

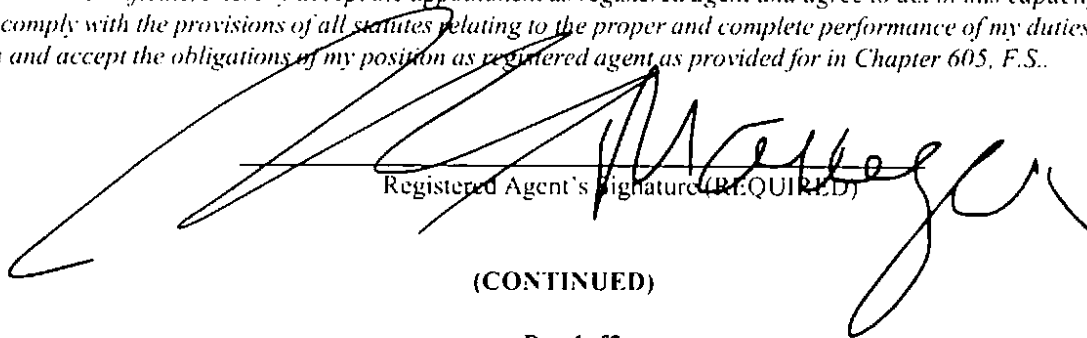
The name and the Florida street address of the registered agent are:

Gerald Ganzer, Jr.
Name

4340 S. Washington Avenue
Florida street address (P.O. Box **NOT** acceptable)

Titusville FL 32780
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)

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

See Attached List

SECRETARY OF STATE
TALLAHASSEE, FL

2020 JUN 19 AM 11:39

FILED

(Use attachment if necessary)

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

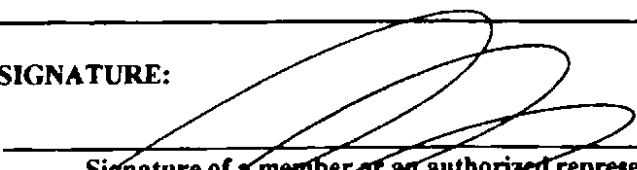
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.

The Limited Liability Company is to be managed by one or more Managers.

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.

Gerald Ganzer, Jr.

Typed or printed name of signee

Filing Fees:

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

LIB ARBOR RIDGE, LLC

List of Managers

Gerald Ganzer, Jr.
Manager
4340 S. Washington Avenue
Titusville, Florida 32780

Edward Major
Manager
7 Sophia Court
Commack, New York 11725

Paul Major
Manager
23 Paddock Drive
Northport, New York 11768

Louis DeRitis
Manager
6 Biltmore Avenue
Oakdale, New York 11769

Robert Donisi
Manager
12 Alexander Diguardia Boulevard
Holtsville, New York 11742

2020 JUN 19 AM 11:39
SECRETARY OF STATE
TALLAHASSEE, FL

FILED