

| (R                                      | lequestor's Name)      |        |
|---|------------------------|--------|
| (A                                      | ddress)                |        |
| (A                                      | address)               |        |
|   |                        |        |
| (C                                      | ity/State/Zip/Phone #) |        |
| PICK-UP                                 | ☐ WAIT                 | MAIL   |
| · · · · · · · · · · · · · · · · · · ·   | Business Entity Name)  |        |
| (L                                      | daliess Lifely Harrier |        |
| (□                                      | Ocument Number)        |        |
| Certified Copies                        | Certificates of        | Status |
| Special Instructions to Filing Officer: |                        |        |
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Office Use Only



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#### Incorporating 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**

FROM

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

Melissa Stops mstops@incserv.com 850.656.7953

REQUEST DATE 7/15/2020

**PRIORITY** Routine

OUR REF # (Order ID#) 838938

ORDER ENTITY [] AQUALANE REALTY LLC

# PLEASE PERFORM THE FOLLOWING SERVICES: AQUALANE REALTY LLC (FL)

New LLC filing

NOTES:

\$125.00 Authorized

Email address for annual report reminders: shelems@sundocfilings.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.

Wednesday, July 15, 2020 Page 1 of 1

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| Aqualane Real  | v LLC<br>reontain the words "Limited I.  | iability Company, "                                  | L.L.C.," or "LLC.")   |
|--|--|--|---|
| (Mus   | t contain the words - Elimited r.  | aginty Company                                       |   |
| ARTICLE II - Address:<br>The mailing address and st  | reet address of the principal of   | lice of the Limited I                                | Liability Company is:   |
| Principal Office Address:  |  |  | Mailing Address:  |
| 1st H n d Cade. 25   |  |  | Broad Hollow Road Suite 25  |
| res is an attal  | tour Bond Suite 25   | 445 E  | Stoad Honora Rode Shire 22  |
| Melville, NY    ARTICLE III - Register The Limited Liability Co nother business entity w     | ed Agent, Registered Office, &<br>inpany cannot serve as its own<br>ith an active Florida registration   | Melv  & Registered Agent Registered Agent. You       | ille, NY 11747  |
| Melville, NY    ARTICLE III - Register  [The Limited Liability Co- another business entity w | ed Agent, Registered Office, & impany cannot serve as its own ith an active Florida registration street address of the registered                      | Melv  & Registered Agent. You.)  agent are:          | at's Signature:   |
| Melville, NY    ARTICLE III - Register  [The Limited Liability Co- another business entity w | ed Agent, Registered Office, &<br>inpany cannot serve as its own<br>ith an active Florida registration   | Melv  & Registered Agent. You.)  agent are:          | at's Signature:   |
| Melville, NY    ARTICLE III - Register  [The Limited Liability Co- another business entity w | ed Agent, Registered Office, 6 impany cannot serve as its own ith an active Florida registration street address of the registered Sundoc Filings Incom | Melv Registered Agent. Y a.) agent are: corated Name | ille, NY 11747  at's Signature: You must designate an individual or |
| Melville, NY    ARTICLE III - Register  [The Limited Liability Co- another business entity w | ed Agent, Registered Office, 6 impany cannot serve as its own ith an active Florida registration street address of the registered Sundoc Filings Incom | Melv Registered Agent. Y a.) agent are: corated Name | ille, NY 11747  at's Signature: You must designate an individual or |
| Melville, NY    ARTICLE III - Register The Limited Liability Co mother business entity w     | ed Agent, Registered Office, 6 impany cannot serve as its own ith an active Florida registration street address of the registered Sundoc Filings Incom | Melv Registered Agent. Y a.) agent are: corated Name | ille, NY 11747  at's Signature: You must designate an individual or |

(CONTINUED)

Registered Agent's Signature (REQUIRED)



ARTICLE IV-

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

| Title:   | Name and Address:  |
|--|--|
| "AMBR" = Authorized Member                       |  |
| "MGR" = Manager                                  | Legal 1031 Eat Holding, LLC  |
| MGR  | 445 Broad Hollow Road, Suite 25  |
|  | Melyille, NY 11747   |
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| (Use attachment if necessary)                    |  |
| •  | (OPTIONAL)   |
| ARTICLE V: Effective date, if other than the d   | late of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90 days after   |
| (If an effective date is used, the date must be  | The state of the s |
| Note: If the date inserted in this block does no | or meet the applicable statutory filing requirements, this date will not be listed as  |
| the document's effective date on the Department  | ent of State's records.  |
| ARTICLE VI: Other provisions, if any.            |  |
| 7.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1          |  |
|  |  |
|  | 0 -74  |
| REQUIRED SIGNATURE:                              |  |
| _  |  |
| Signature of s                                   | member or an anthorized representative of a member.  |
| This decomposition                               | From Linguigord free with section 605,0205 (1) (b), Plonga Statutes.   |
| I am avere that any                              | false information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.S.  |
| constitutes a third de                           | give terony as provided to mass corrections  |
| Sheila Helen                                     | IS Comments  |
|  | 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 States (1)

\$ 5.00 Certificate of Status (Optional)