Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC

Account Number : 075350000353 Phone : (800)221-2972 Fax Number : (917)243-5843

**Enter the email address for this business entity to be used for future

Email Address:_

FLORIDA LIMITED LIABILITY CO. 17237 27th Ave LLC

| Certificate of Status | 0 |
|-----------------------|----------|
| Certified Copy | 0 |
| Page Count | 01 |
| Estimated Charge | \$125.00 |

J. FASON

JUL-3 0 2020

([4])

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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|---|----|-----|----|------|----|
| | | | | | |

The name of the Limited Liability Company is:

17237 27th Ave LLC

(Must contain 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:

| 444 Route 111, Suite 1 | 444 Route 111, Suite 1 | |
|------------------------|------------------------|--|
| Smithtown, NY 11787 | Smithtown, NY 11787 | |
| | | |

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:

BLUMBERGEXCELSIOR CORPORATE SERVICES, INC.

Name

155 Office Plaza Drive, 1st Fl.

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

| TALLAHASSEE | FL | 32301 |
|-------------|-------|-------|
| City | State | Zin |

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.

Zeina Hassoun

Registered Agent's Signature (REQUIRED)

Asst. Secretary: Zeina Hassoun (CONTINUED)

| ARTICLE IV | _ |
|--------------|---|
| The name and | я |

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

| "AMBR" = Autho | | |
|--|---|------------|
| #1.40D# 14. | | |
| "MGR" = Manage | | |
| MGR | Robert Rossi 444 Route 111, Suite 111 | |
| | 444 Route 111, Suite 111 | |
| | Smithtown, NY 11787 | |
| MGR | Roger Delisle | |
| 11111 | 444 Route 111, Suite 111 | |
| | Smithtown, NY 11787 | |
| MGR | Christopher Delisle | |
| MOR | 444 Route 111, Suite 111 | |
| | Smithtown, NY 11787 | |
| | | |
| | | |
| | | |
| | | |
| (Use attachment if | (necessary) | |
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