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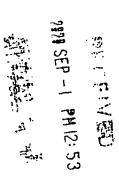
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PICK-UP WAIT MAIL
(Business Entity Name)
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(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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2020 SEP -1 AM 8: 45 SECRETARY OF STATE STATE AREASEE, FL



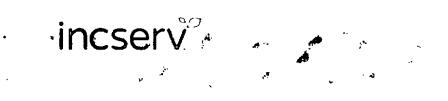
T OULLIGAN

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

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

FROM

Melissa Stops mstops@incserv.com

850.656.7953

REQUEST DATE 8/31/2020

PRIORITY Routine

OUR REF # (Order ID#) 849398

ORDER ENTITY

17125 NORTH BAY ROAD 3204, LLC

PLEASE PERFORM THE FOLLOWING SERVICES:

17125 NORTH BAY ROAD 3204, LLC (FL)

Please file the attached articles and provide a certified copy as evidence.

NOTES:

\$155.00 Authorized

Email address for annual report reminders: paul@delaneycorporate.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.

Monday, August 31, 2020 Page 1 of 1

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY 2020 OF D 8: 45

ARTICLE 1 - Name:		•	AMATT COMPANY 2020 SEP	
The name of the Limited Liability Company is:			SECRETA TALLA	ARY OF STAT HASSEE, FL
17125 North Ba	y Road 3204, LLC			
(Must	contain the words "Limited	Hiability Company, "I	.JC.," or "Ll.C.")	
ARTICLE II - Address:				
The mailing address and str	eet address of the principal	office of the Limited L	ability Company is:	
<u>Pri</u>	ncipal Office Address:		Mailing Address:	
335 Bond Street		335 B	and Street	
ARTICLE III - Registered (The Limited Liability Com	1231 I Agent, Registered Office, pany cannot serve as its own	Brook & Registered Agent' n Registered Agent. Yo	yn, NY 11231	
Brooklyn, NY 1 ARTICLE III - Registered (The Limited Liability Comanother business entity with	1231 1 Agent, Registered Office, pany cannot serve as its own oran active Florida registration	Brook & Registered Agent n Registered Agent, Ye on.)	yn, NY 11231 s Signature:	
Brooklyn, NY 1 ARTICLE III - Registered (The Limited Liability Comanother business entity with	1231 1 Agent, Registered Office, pany cannot serve as its own oran active Florida registration	Brook & Registered Agent n Registered Agent, Ye on.) d agent are:	yn, NY 11231 s Signature:	<u></u>
Brooklyn, NY 1 ARTICLE III - Registered (The Limited Liability Comanother business entity with	1231 1 Agent, Registered Office, pany cannot serve as its own an active Florida registration reet address of the registere	Brook & Registered Agent Registered Agent, Ye on.) d agent are:	yn, NY 11231 s Signature:	
Brooklyn, NY 1 ARTICLE III - Registered (The Limited Liability Comanother business entity with	1231 1 Agent, Registered Office, pany cannot serve as its own an active Florida registration reet address of the registere	Brook & Registered Agent n Registered Agent, Yo on.) d agent are: Name	yn, NY 11231 s Signature:	
Brooklyn, NY 1 ARTICLE III - Registered (The Limited Liability Comanother business entity with	I Agent, Registered Office, pany cannot serve as its own an active Florida registration reet address of the registere NRAL Services, Inc. 1200 South Pine Isla	Brook & Registered Agent n Registered Agent, Yo on.) d agent are: Name	yn, NY 11231 s Signature: u must designate an individual oi	
Brooklyn, NY 1 ARTICLE III - Registered	I Agent, Registered Office, pany cannot serve as its own an active Florida registration reet address of the registere NRAL Services, Inc. 1200 South Pine Isla	Brook , & Registered Agent n Registered Agent, Yo on.) d agent are: Name and Road	yn, NY 11231 s Signature: u must designate an individual oi	

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 l am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

NRAI Services, Inc. By: Lisa A. Delaney, Assistant Secretary

By: /s/ Lisa A. Delaney

Registered Agent's Signature (REQUIRED)

(CONTINUED)

 RT	17.1	L.	()

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

<u>Title:</u> "AMBR" = /	Name and Address: Authorized Member	
"MGR" = M		
MGR	Suzanne Slinin	
	335 Bond Street	
	Brooklyn, NY 11231	
 		
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(Use attachm	ent if necessary)	
he date of filing.) Note: If the date inse	listed, the date must be specific and cannot be more than five business days prior to or 90 days after ted in this block does not meet the applicable statutory filing requirements, this date will not be listed we date on the Department of State's records.	
ARTICLE VI: Other p		
	*	
REQUIRED	SIGNATURE:	
	/s/ Eduard Slinin	
	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.	
	Eduard Slinin Authorized Representative	
	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)