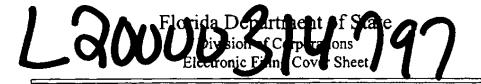
Division of Corporations

https://efile.sunbiz.org/scripts/efilcovr.exe



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000357651 3)))



H200003576513ABC\$

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : FILE RIGHT LLC
Account Number : I20170000091
Phone : (718)878-5811
Fax Number : (718)732-4580

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

Email Address: sales@fileacorp.com

## FLORIDA LIMITED LIABILITY CO. PARK AVE FL LLC

OCT 1 5 2020]

T. SCOTT

Certificate of Status	0
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Page Count	03
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fax reference: H20000357651 3

## **COVER LETTER**

	ew Findg Section ivision of Corporations	
CUDICA	PARK AVE FL LLC	
SUBJECT		Limited Liability Company
The enclos	sed Articles of Organization and fee(s)	are submitted for filing.
Please retu	um all correspondence concerning this	matter to the following:
		Name of Person
	FILE RIGHT LLC	5: 10
		Firm/Company
	5314 16TH AVENUE SUITE 139	<del></del>
		Address
	BROOKLYN, NY 11204	0.0.1
	sales@fileacorp.com	City/State and Zip Code
	E-mail address: (to be us	sed for future annual report notification)
For further	information concerning this matter, ple	ease call:
	RACHEL at (	718 878-5811 ( )
	Name of Person	Area Code Daytime Telephone Number
Enclosed i	is a check for the following amount:	
\$125.00 F	Filing Fee \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address  New Filing Section  Division of Corporations  Clifton Building  2661 Executive Center Circle  Tallahassee, FL 32301

17187959036 From: Mark Fuchs

fax reference: H20000357651 3

ARTICLE	S OF ORGANIZATION FOR F	LORIDA LIMITED	LIABILITY COMPANY
ARTICLE I - Name: The name of the Limited Lia	bility Company is:		
PARK AVE FL	LLC contain the words "Limited L	iability Company,	"L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and stre	et address of the principal of	fice of the Limited	Liability Company is:
<u>Pri</u>	icipal Office Address:		Mailing Address:
AAOR ISTU AVE	ENUE, SUITE 192		3 ISTH AVENUE, SUITE 192
BROOKLYN, N		BRO	OOKLYN, NY 11219
ARTICLE III - Registered (The Limited Liability Companother business entity with	Agent, Registered Office, opany cannot serve as its own an active Florida registration	& Registered Age Registered Agent.	
ARTICLE III - Registered (The Limited Liability Companother business entity with	Agent, Registered Office, opany cannot serve as its own an active Florida registration reet address of the registered	& Registered Age Registered Agent. 1.) agent are:	nt's Signature: You must designate an individual o
ARTICLE III - Registered (The Limited Liability Companother business entity with	Agent, Registered Office, opany cannot serve as its own an active Florida registration	& Registered Age Registered Agent. 1.) agent are:	nt's Signature: You must designate an individual o
ARTICLE III - Registered (The Limited Liability Companother business entity with	Agent, Registered Office, opany cannot serve as its own an active Florida registration reet address of the registered	& Registered Age Registered Agent. 1.) agent are:	nt's Signature: You must designate an individual o
ARTICLE III - Registered (The Limited Liability Companother business entity with	Agent, Registered Office, opany cannot serve as its own an active Florida registration reet address of the registered	& Registered Age Registered Agent. 1.) agent are: INCORPORATE Name	nt's Signature: You must designate an individual o
ARTICLE III - Registered (The Limited Liability Companother business entity with	Agent, Registered Office, or pany cannot serve as its own an active Florida registration reet address of the registered BUSINESS FILINGS	& Registered Age Registered Agent. 1.) agent are: INCORPORATE Name	nt's Signature: You must designate an individual o
ARTICLE III - Registered (The Limited Liability Companother business entity with	Agent, Registered Office, of pany cannot serve as its own an active Florida registration reet address of the registered  BUSINESS FILINGS  1200 SOUTH PINE	& Registered Age Registered Agent. 1.) agent are: INCORPORATE Name	nt's Signature: You must designate an individual o

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..

Ordria Conkerp, Assi Ser Broness Filings From porosted
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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MENDEL STEINER  4403 15TH AVENUE, SUITE 192  BROOKLYN, NY 11219
4403 15TH AVENUE, SUITE 192
BROOKLYN, NY 11219
BROOKLYN, NY 11219
applicable statutory filing requirements, this date will not seconds.
endel Steiner
endel Steiner  an authorized representative of a member. cordance with section 605.0203 (1) (b), Florida Statutes, tion submitted in a document to the Department of State as provided for in s.817.155, F.S.
an authorized representative of a member. cordance with section 605.0203 (1) (b), Florida Statutes, tion submitted in a document to the Department of State as provided for in s.817.155, F.S.
an authorized representative of a member. cordance with section 605.0203 (1) (b), Florida Statutes. ution submitted in a document to the Department of State