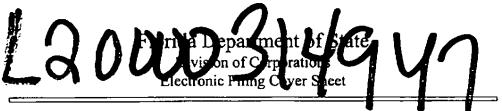
Division of Corporations

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.

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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 full report mailings. Enter only one email address please.

Email Address: sales@fileacorp.com

FLORIDA LIMITED LIABILITY CO. APLIN FL LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

GET, 1 5 7020

T. SCOTT

Electronic Filing Menu

Corporate Filing Menu

Help

Fax reference: H20000357612 3

	C	OVER LETTE	LK .
TO:	New Filing Section Division of Corporations		
	APLIN FL LLC		
SUBJE	CT:Name of I	Limited Liability	y Company
The end	slosed Articles of Organization and fee(s)	are submitted f	for filing.
Please	etum all correspondence concerning this	matter to the fo	allowing:
		Name of F	Person
	FILE RIGHT LLC		
	· · · · · · · · · · · · · · · · · · ·	Firm/Con	npany
	5314 16TH AVENUE SUITE 139		
		Addre	255
	BROOKLYN, NY 11204		
		City/State and	d Zip Code
	sales@fileacorp.com E-mail address: (to be u	sed for future a	nnual report notification)
For furth	ner information concerning this matter, pl		
	RACHEL	718	878-5811
	Name of Person	Area Code	Daytime Telephone Number
Enclos	ed is a check for the following amount:		
\$125.0	00 Filing Fee \$130.00 Filing Fee & Certificate of Status	. L_JCertific	oo Filing Fee & \$160.00 Filing Fee, ed Copy Certificate of Status & Certified Copy (additional copy is enclose)
	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

Fax reference: H20000357612 3

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is: APLIN FL 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: 4403 15TH AVENUE, SUITE 192 4403 15TH AVENUE, SUITE 192 BROOKLYN, NY 11219 BROOKLYN, NY 11219 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:

BUSINESS FILINGS	S INCORPORATE)
	Name	
1200 SOUTH PINE	ISLAND ROAD	
Florida street address	(P.O. Box NOT ac	cceptable)
PLANTATION	FL	33326
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 abligations of my position as registered agent as provided for in Chapter 60S, F.S.

Andreie Coulcage, Asst Sec. Rusiness Filings Incorporated Registered Agent's Signature (REQUIRED)

(CONTINUED)

Fax reference: H20000357612 3

Fax reference: H20000357612 3

"AMBD" = A	Authorized Member	Name and Address:
"MGR" = Ma		
MGR		MENDEL STEINER
		4403 I5TH AVENUE, SUITE 192
		BROOKLYN, NY 11219
	•	
CLE V: Effective date is		(OPTIONAL) I cannot be more than five business days prior to or 90 days :
ICLE V: Effective date is ate of filing.)	re date, if other than the date of filing: listed, the date must be specific and rted in this block does not meet the a we date on the Department of State's	d cannot be more than five business days prior to or 90 days a applicable statutory filing requirements, this date will not be list
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\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)