

10/20/2020

L20000323567

Division of Corporations  
Florida Department of State  
Electronic Filing Cover Sheet

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

(((H20000364614 3)))



H200003646143ABC-

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.**  
Doing so will generate another cover sheet.

To:

Division of Corporations  
Fax Number : (850)617-6381

From:

Account Name : Vcorp SERVICES, LLC  
Account Number : I20080000067  
Phone : (845)425-0077  
Fax Number : (845)818-3588

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

Email Address: \_\_\_\_\_

**FLORIDA LIMITED LIABILITY CO.**  
**Regal Cypress LLC**

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

Electronic Filing Menu

Corporate Filing Menu

Help

OCT 21 2020

OCT 21 2020

**ARTICLE I - ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - Name:**

The name of the Limited Liability Company is:

Regal Cypress LLC

(Must end with 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:**1 Harding CourtPassaic, NJ 07055**Mailing Address:**1 Harding CourtPassaic, NJ 07055**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:

Vcorp Services, LLCName5011 South State Road 7, Suite 106Florida street address (P.O. Box **NOT** acceptable)DavieFL33314CityStateZip

*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..*


  
Registered Agent's Signature **(REQUIRED)**
**(CONTINUED)**

Page 2

FILED  
 20 OCT 20 PM 5:27  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

**Name and Address:**

Chaim Schulman

100 Edison Court Apt F

Monsey, NY 10952

AMBR

Lara Schulman

348 Main Ave

Clifton, NJ 07014

AMBR

Chaim J LLC

16 Crescent Ave

Passaic, NJ 07055

AMBR

Nechama J LLC

16 Crescent Ave

Passaic, NJ 07055

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this document will be listed as the document's effective date on the Department of State's records.**ARTICLE VI:** Other provisions, if any.**REQUIRED SIGNATURE:****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.

Raeesa Ibrahim

Typed or printed name of ~~sign~~**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)

FILED  
20 OCT 20 PM 5:27  
TALLAHASSEE, FLORIDA