

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.

(((H20000366573 3)))



H200003665733ABC%

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

To:			•	0202	
	Division of Co	rporations		0 (	, - , ,
	Fax Number			<u> </u>	· · ·
From:				21	
	Account Name	: LAZARUS CORPORATE FILING SERVICE, INC.			
		: 120000000019		P	
	Phone	: (305)552-5973		~ `	•
	Fax Number	: (305)675-5944	1811	122	: '
				ξ	
		ress for this business entity to be used for f			
i	annual report ma	ilings. Enter only one email address please."*			

FLORIDA LIMITED LIABILITY CO. ASTOM HILL, LLC			
Certificate of Status	1		
Certified Copy	1		
Page Count	03		
Estimated Charge	\$160.00		

Electronic Filing Menu

Corporate Filing Menu

Help

٠.

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is: (Must end with the words "Limited Liability Company,

Astom Hill, LLC

#### ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

445 Park Avenue, 9Th Floor, New York. New York. 10022

## ARTICLE III - Registered Agent, Registered Office:

The name and the Florida street address of the registered agent are: (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.)

Amelia Ibarra. 7966 NW 114Th Path. Medley, FI. 33178

### ARTICLE IV-

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



17

David Tomasello. Authorized Member

### **Required Signatures:**

Vinonounts

Signature of a member or an authorized representative of a member.

In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.

Vinon ounto David Tomasello Typed or printed name of signee

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)

FILED