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Division of Corporations
Florida Department of State
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To: Division of Corporations
Fax Number : (850)617-6381

From: Account Name : HUBCO
Account Number : 104662003400
Phone : (516)935-3940
Fax Number : (516)935-3088

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

Email Address: sgbraman@aol.com

FLORIDA LIMITED LIABILITY CO.

RESUBMIT:

~~DANIA RE LLC~~

DANIA WHITESTONE RE LLC

Certificate of Status	1
Certified Copy	0
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Electronic Filing Menu

Corporate Filing Menu

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October 20, 2020

FLORIDA DEPARTMENT OF STATE
Division of Corporations

HUBCO

SUBJECT: DANIA RE LLC
REF: W20000121031

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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DANIEL L O'KEEFE
Regulatory Specialist II

FAX Aud. #: H20000362712
Letter Number: 020A00020708

H20000362712

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

DANIA WHITESTONE RE 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:

Mailing Address:

8951 LAKEVIEW DR
PARKLAND, FL 33076

8951 LAKEVIEW DR
PARKLAND, FL 33076

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:

ROBERT FORKOSH

Name

8951 LAKEVIEW DR

Florida street address (P.O. Box **NOT** acceptable)

PARKLAND

FL 33076

City

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 obligations of my position as registered agent as provided for in Chapter 605, F.S..

Robert Forkosh

Registered Agent's Signature (REQUIRED)

ROBERT FORKOSH

(CONTINUED)

Page 1 of 3

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OCT 21 AM 11:26
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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

AMBR

AMBR

AMBR

Name and Address:

BIANA GOTLIBOVSKY
1170 SEAWANE DRIVE
HEWLETT, NY 11557

FRANK GOTLIBOVSKY
1170 SEAWANE DRIVE
HEWLETT, NY 11557

ROBERT FORKOSH
8951 LAKEVIEW DR
PARKLAND, FL 33076

ALEX ABRAMOVICH
170 WILLOW ROAD
WOODMERE, NY 11598

(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.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

Robert Forkosh

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.)

ROBERT FORKOSH

Typed or printed name of signee

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ARTICLE IV (A) - ATTACHMENT

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

AMBR

ARTHUR GOLDENSTEIN

98 BIRCH LANE

WOODMERE, NY 11598

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