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Florida Department of State
Division of Corporations
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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 annual report mailings. Enter only one email address please**

Email Address: _____

FLORIDA LIMITED LIABILITY CO.
JCCNB FL LLC

| | |
|-----------------------|----------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 02 |
| Estimated Charge | \$125.00 |

RECEIVED
2020 OCT 21 PM 4:18

FILED
20 OCT 21 PM 7:07

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

JCCNB 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:

c/o Jeffrey E. Mehl, P.C., 3003 Avenue K
Brooklyn, New York 11210

Mailing Address:

c/o Jeffrey E. Mehl, P.C., 3003 Avenue K
Brooklyn, New York 11210

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:

AVIJ. LITWIN, ESQ.

Name

4434 Sheridan Avenue

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

Miami Beach

FL

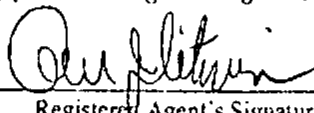
33140

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



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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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

Name and Address:

Evelyn Mehl
211 Broadway
Lawrence, New York 11559

AMBR

Jeffrey E. Mehl
3003 Avenue K
Brooklyn, New York 11210

AMBR

Wendy Wealcatch
2823 West Strathmore Avenue
Baltimore, Maryland 21209

AMBR

Cheryl Brecher
36 Herrick Drive
Lawrence, New York 11559

(Use attachment if necessary)

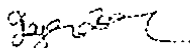
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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 date will not 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), FR
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.

Taylor Lolya

Typed or printed name of signer

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)

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DA

Addendum:

AMBR Nathan Mehl 24 Voyager Court, Monsey, New York 10952

AMBR Diane Jakubovic, 161 Shelbourne Avenue, Toronto, Ontario M6B2M9

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CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA