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## COVER LETTER

	ew Filing Sec ivision of Co				
SUBJECT	SVT Realty				
SUBJECT	ī	Name of	Limited Liabi	lity Company	<del></del>
The enclos	ed Articles of	Organization and fee(s)	are submitte	d for filing.	
Please retu	rn all correspo	ondence concerning this	matter to the	following:	
	Stephanie Tr	ibuzio			
			Name o	f Person	
	Comick, Ga	rber & Sandler, LLP			
			Firm/C	ompany	
	555 Madisor	Avenue, FL 16			
			Add	ress	-
	New York, ?	NY 10022			
	stribuzio@eg		City/State a	nd Zip Code	
-	***	E-mail address: (to be u	sed for future	annual report notificati	ion)
For further in		ncerning this matter, plo		·	
Stephanie Tribuzio		646 (	747-4919		
	Nam			Daytime Telephon	e Number
Enclosed is	a check for t	he following amount:			
	Filing Fee	■\$130.00 Filing Fee Certificate of Status	Certi	55.00 Filing Fee & fied Copy nal copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		ig Address		Street Address New Filing Section Di	ivision
New Filing Section Division of Corporations			The Centre of Tallahassee		
P.O. Box 6327 Tallahassee, FL 32314			2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:					
The name of the Limited Liability	Company is:				
SVT Realty LLC					
(Must contai	n the words "Limited	Liability Com	ралу, "L.L.C.," or "L	LC.")	
ARTICLE II - Address: The mailing address and street add	fress of the principal c	office of the Li	mited Liability Comp	oany is:	
Principal Office Address:			Mailing Address:		
50 South Pointe Drive, Apt. 2303 Miami Beach, FL 33139			50 South Pointe Drive, Apt. 2303 Miami Beach, FL 33139		
ARTICLE III - Registered Ager (The Limited Liability Company of another business entity with an ac The name and the Florida street ac	annot serve as its owr tive Florida registration	i Registered A on.)	gent. You must desig	nate an individual or	
		Name	<del></del>	<del></del>	
	50 South Pointe Driv	ve, Apt. 2303			
	Florida street addres	ss (P.O. Box 🛚	OT acceptable)		
	Miami Beach	FL	3313	9	
	City	State	Zip		
laving been named as registered ag place designated in this certificate, l further agree to comply with the pro nm familiar with and accept the obli	hereby accept the app visions of all statutes r gations of my position	pointment as re relating to the j as registered	gistered agent and a <u>s</u> proper and complete j	gree to act in this capacity. I performance of my duties, and I in Chapter 605, F.S	

\_\_(CONTINUED)

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AN ASSESSMENT STATE

AN ASSESSMENT STATE

The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: "AMBR" = Authorized Member "MGR" = Manager AMBR\_ Brad Tolkin 50 South Pointe Drive, Apt. 2303 Miami Beach, FL 33139 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: 11/02/2020 \_. (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), 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. Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

S 5.00 Certificate of Status (Optional)