

Division of Corporations **Electronic Filing Cover Sheet**

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Te:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : VCORP SERVICES, LLC

Account Number : I20080000067 Phone : (545) 425-0077 Fax Number : (845)818-3588

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

Email Address:

FLORIDA LIMITED LIABILITY CO.

Kinyan 3.0 LLC

Certificate of Status	U
Certified Copy	U
Page Count	02
Estimated Charge	\$125.00

J. FASON

DEC 0-3-2020

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Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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ART	H.	L.t.	I -	ı'nн	me:

The name of the Limited Liability Company is:

Kinyan 3.0 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:	Mailing Address:		
5225 Collins Ave #1501	4 Van Winkle Rd		
Miami Beach, FL 33140	Monsey, NY 10952		
			

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.)

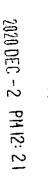
The name and the Florida street address of the registered agent are.

	Name	
5225 Collins Ave #	1501	
Florida street addre	ss (P.O. Box <u>NOT</u> ac	cceptable)
Miami Beach	FL	33140

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. Thereby 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)



To: 18506176383

ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: Title: "AMBR" = Authorized Member "MGR" = Manager AMBR Ezra Birnbaum 5225 Collins Ave #1501 Miami Beach FL 33140 (Use attachment if necessary) ____ (OPTIONAL) ARTICLE V: Effective date, if other than the date of filing: ____ (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 \$ 817,155, F.S. Ezra Birnbaum

Filing Fees:

Typed or printed name of signee

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

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)