12/14/2020



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : VCORP SERVICES, LLC

Account Number : 120080000067 Phone : (845)425-0077 Fax Number : (845)818-3588

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

Email Address:\_

## FLORIDA LIMITED LIABILITY CO. Wesley RE LLC

Certificate of Status	0
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Page Count	03
Estimated Charge	\$125.00

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2029 DEC 114

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ARTICLES OF ORGANIZATION FOR FLOR	IDA LIMTIED HABILITY COMPANY
ARTICLE I - Name:	
The name of the Limited Liability Company is:	
Wesley RE LLC	
(Must end with the words "Limited Liabi	ility Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	Sales Charles d. Carbillar Communica
The mailing address and street address of the principal office of	or the Cimited Ciantity Company is:
Principal Office Address:	Mailing Address:
100 S. Belcher Rd. #4603	100 S. Belcher Rd. #4603
Clearwater FI 33758	Clearwater FI 33758
ARTICLE III - Registered Agent, Registered Office, & Re (The Limited Liability Company cannot serve as its own Registanother business entity with an active Florida registration)	stered Agent. You must designate an individual or
The name and the Florida street address of the registered agen	atane:
Frank La Greca	
Nan	ne
217 Kerry Dr.	

Having been named as registered agent and to accept service of process for the above stated limited hability 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 ann familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

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

Clearwater

City

Frank La Greca
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
AMBR	Moshe Vizel
	2605 Avenue I.
	Brooklyn, NY 11210
	<del></del>
·-·-·	
	<del></del>
EV: Effective date, if other than ective date is listed, the date mu	the date of filing: (OPTIONAL) st he specific and cannot be more than five business days prior to or 90
ective date is listed, the date mu of filing.)	es not meet the applicable statutory filing requirements, this date will not
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EV: Effective date, if other than ective date is listed, the date must filling.) the date inserted in this block doment's effective date on the Dep EVI: Other provisions, it any.  REQUIRED SIGNATURE:  Signature This document I am aware that	ies not meet the applicable statutory filing requirements, this date will not artment of State's records.
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