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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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

From: Account Name : Vcorp SERVICES, LLC  
Account Number : I20080000067  
Phone : (945) 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: \_\_\_\_\_

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2020 DEC 22 AM 11:53

FLORIDA LIMITED LIABILITY CO.  
4709 Bison LLC

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

Derrick Thompson

12/23/2020

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

4709 Bison 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:

4709 Bison St

Boca Raton, FL 33428

PO Box 165

Tallman, NY 10982

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:

Avrohom Y Drew

Name

4709 Bison St

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

Boca Raton

FL

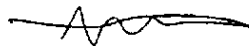
33428

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)

