

Division of Corporations Electronic Filing Cover Sheet

Department of State

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(((H21000009493 3)))



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To:

Division of Corporations

Fax Number : (950)617-6381

From:

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Account Name : FILE RIGHT LLC
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Phone : (718)879-5811
Fax Number : (718)732-4580

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

Email Address: sales@fileacorp.com

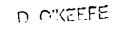
FLORIDA LIMITED LIABILITY CO. L&P ORLANDO INVESTMENTS GROUP LLC

Certificate of Status	0
Certified Copy	0
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Estimated Charge	\$125.00

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Corporate Filing Menu

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17187959036

From: Mark Fuchs

COVER LETTER TO: **New Filing Section** Division of Corporations L&P ORLANDO INVESTMENTS GROUP LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Organization and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Name of Person FILE RIGHT LLC Firm/Company 5314 16TH AVENUE SUITE 139 Address BROOKLYN, NY 11204 City/State and Zip Code sales@fileacorp.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Sara Area Code Daytime Telephone Number Name of Person Enclosed is a check for the following amount: \$130.00 Filing Fee & \$155.00 Filing Fee & \$160.00 Filing Fee, Certified Copy Certificate of Status & Certificate of Status (additional copy is enclosed) Certified Copy (additional copy is enclosed) **StreetAddress** MailingAddress

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

L&P ORLANDO INVESTMENTS GROUP 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:

Principa	Office Address:
	•

Mailing Address:

35 MEADOW STREET BROOKLYN NY 11206 35 MEADOW STREET BROOKLYN NY 11206

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:

BUSINESS FILINGS INCORPORATED

Name

1200 SOUTH PINE ISLAND ROAD

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

PLANTATION

FL

33326

City

State

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.

(CONTINUED)

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From: Mark Fuchs

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Title:		Name and Address:	
	uthorized Member		
"MGR" = Ma MGR	nager	STEVEN LANDMAN	
MOR		35 MEADOW STREET	
		BROOKLYN NY 11206	
MGR		JOSHUA PINTO	
		28 COCKSFIELD AVENUE	
		NORTH YORK ONTARIO M3115Z2	
			_
			
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\$ 5.00 Certificate of Status (Optional)