18886118813

From: Vcorp Services, LLC

Page 1 of 2



Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850) 617-6381

From:

Account Name : VCORP SERVICES, LLC

Account Number : 120080000067 : (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: FLORIDA LIMITED LIABILITY CO. Tahari Florida LLC Certificate of Status 0 Certified Copy 02 Page Count Estimated Charge \$125.00 J. FASON

Electronic Filing Menu

JAN 1 9 2021

Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORIDALIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

Tahari Florida 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:	Mading Address:
c/o Book Law Group, LLC	c/o Book Law Group, LLC
2 Perlman Drive, Suite 201	2 Perlman Drive, Suite 201
Spring Valley, NY 10977	Spring Valley, NY 10977

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:

Veorp Services, LLC	Name	<u> </u>
5011 South State Re	oad 7. Suite 106	
	ss (P.O. Box <u>NOT</u> ac	rceptable)
Davie	FL	33314
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, 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)

2021 JAN 15 AM 9: 22

ARTICLE IV-

18886118813 From: Vcorp Services, LLC

Elic Tahari c'o Book Law Group, LLC. 2 Perlman Dr., Sie 201 Spring Valley, NY 10977 See attachment if necessary) v': Effective date, if other than the date of filing: ive date is listed, the date must be specific and cannot be more than five business days prior to or illing.) it date inserted in this block does not meet the applicable statutory tiling requirements, this date will not's effective date on the Department of State's records VI: Other provisions, if any. Signature of a member or an authorized representative of a member. This document is executed in necordance with section (605,0203 (1) (1)), Florida Statut 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. Taylor Lolya Typed or printed name of signee	tle: MBR" = Authorized Member	Name and Address:
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