

ARTICLESOF ORGANIZATIONFORFLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

College Park Towers HOD 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:
2600 Swope Parkway	86 Rome 59 East
Kansas City, MO 64130	Spring Valley, NY 10977

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Comp another business entity with	sany cannot serve as its owr	Registered Agent, M		adividual of State	0 11 2
The name and the Florida str	reet address of the registered	d agent are:		AHAS	i
	Veorp Services, LLC	•,			··
		Name			117
	5011 South State Ro	ad 7. Suite 106			57
	Florida street addres	ss (P.O. Box <u>NOT</u> at	cceptable)	RIDE R	C
	Davie	FL.	33314	>' -	
	City	State	Zip		E

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. 1 further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and l am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.,

٢ موتن مريل

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager MGR	Moshe Eichler	
MASIX	36 Route 59 East	
	Spring Valley, NY 10977	
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(Use attachment if necessary)		i)

<u>Note:</u> 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

ARTICLEVI: Other provisions, if any.

REOUIRED SIGNATURE:

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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. Fain 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 Lolva

Typed or printed name of signee

Filing Fees:

S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

S 5.00 Certificate of Status (Optional)