L21000047503

| (Requestor's Name) | | | | |
|---|--|--|--|--|
| (Address) | | | | |
| (Address) | | | | |
| (City/State/Zip/Phone #) | | | | |
| PICK-UP WAIT MAIL | | | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies Certificates of Status | | | | |
| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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2021 FEB -8 AM 8: 54
SECRETARY OF STATE
TALLAHASSEE, FL

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Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

| DATE 2/8/2021 | | | **WALK IN** |
|---------------------------------|--|---|-----------------|
| ENTITY NAME_ | AUM REALTY, LLC | | |
| DOCUMENT NUM | 1BER | | |
| | **PLEASE I | FILE THE ATTACHED AND RETUR | P//** |
| XXXXXX | Plain Copy Certified Copy Certificate of . | | • |
| | | Y THE FOLLOWING FOR THE ABOVE | E ENTITY** |
| | Certified Copy Certificate of | y of Arts & Amendments Good Standing | |
| | **APOSTILL | LE' / NOTARIAL CERTIFICATION | DN** |
| COUNTRY OF DES NUMBER OF CER | STINATION TIFICATES REQUESTEL | TD | |
| TOTAL OWED\$ | 125.00 | | t: I20160000072 |
| Please call Tin | a at the above numbe | er for any issues or concerns, | · _ |

FILED

2021 FEB -8 AM 8: 54

ARTICLESOF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SECRETARY OF STATE TALLAHASSEE, FL

| (Must con | tain the words "Limited Li | ability Company, | "L.L.C.," or "LLC.") |
|---|---|---|---|
| FICLE II - Address: | | | |
| mailing address and street a | ddress of the principal off | ice of the Limited | Liability Company is: |
| Princip | al Office Address: | | Mailing Address: |
| 136 First Street | | 1361 | First Street |
| Nanuct, NY 10954 | Nanuct, NY 10954 | | iet, NY 10954 |
| FICLE III - Registered Ag Limited Liability Company her business entity with an | cannot serve as its own R | egistered Agent. Y | it's Signature: You must designate an individual |
| : Limited Liability Company | cannot serve as its own Ractive Florida registration. | egistered Agent. \ | |
| : Limited Liability Company her business entity with an | cannot serve as its own Ractive Florida registration. | egistered Agent. \) gent are: | |
| : Limited Liability Company her business entity with an | r cannot serve as its own R active Florida registration. address of the registered a United Corporate Servi | egistered Agent. \) gent are: | |
| : Limited Liability Company her business entity with an | r cannot serve as its own R active Florida registration. address of the registered a United Corporate Servi | cgistered Agent. \) gent are: ices, Inc. Name | |
| : Limited Liability Company her business entity with an | cannot serve as its own Ractive Florida registration. address of the registered a United Corporate Servi | egistered Agent. \) gent are: ices, Inc. Name Blvd., Ste. 508 | ou must designate an individual of |
| : Limited Liability Company her business entity with an | r cannot serve as its own R active Florida registration. address of the registered a United Corporate Servi 9200 South Dadeland E | egistered Agent. \) gent are: ices, Inc. Name Blvd., Ste. 508 | ou must designate an individual of |

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..

Maria R. Fischetti

Registered Agent's Signature (REQUIRED)
Secy, United Corporate Services, Inc.

(CONTINUED)

| | Title: "AMBR" = Authorized Member | Name and Address: | |
|---|--|--|----------------------------|
| | "MGR" = Manager | | |
| | MGR Wallager | Raja R. Amar | |
| | THOIL | 136 First Street | . m |
| | | Nanuci, NY 10954 | ECRETARY OF TALLAHASSEE |
| | | | |
| | AMBR | Raja R. Amer | > = i |
| | | 136 First Street | 王崇 |
| | | Nanuet, NY 10954 | 33₹ |
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| | AMBR | Manju R. Amar | [1] (C |
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| | (Use attachment if necessary) | | |
| If an e he date <u>Note:</u> | LE V: Effective date, if other than the da ffective date is listed, the date must be s t of filing.) | ste of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90 tracet the applicable statutory filing requirements, this date will not not of State's records. | • |
| If an e he date <u>Note:</u> the doc | LE V: Effective date, if other than the da ffective date is listed, the date must be so of filing.) If the date inserted in this block does not | specific and cannot be more than five business days prior to or 90 t meet the applicable statutory filing requirements, this date will not | • |
| If an e he date <u>Note:</u> the doc | LE V: Effective date, if other than the da ffective date is listed, the date must be s e of filing.) If the date inserted in this block does not ument's effective date on the Department | specific and cannot be more than five business days prior to or 90 t meet the applicable statutory filing requirements, this date will not | • |
| If an e he date <u>Note:</u> the doc | LE V: Effective date, if other than the da ffective date is listed, the date must be se of filing.) If the date inserted in this block does not ument's effective date on the Department LE VI; Other provisions, if any. REOURED SIGNATURE: Signature of a management is exectly an aware that any fall | specific and cannot be more than five business days prior to or 90 t meet the applicable statutory filing requirements, this date will not | • |
| If an e he date <u>Note:</u> the doc | LE V: Effective date, if other than the da ffective date is listed, the date must be se of filing.) If the date inserted in this block does not ument's effective date on the Department LE VI; Other provisions, if any. REOURED SIGNATURE: Signature of a management is exectly an aware that any fall | t meet the applicable statutory filing requirements, this date will not not of State's records. Description of State's records. Description of a member or an authorized representative of a member. Stated in accordance with section 605.0203 (1) (b), Florida Statutes. Itse information submitted in a document to the Department of State | • |

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

Filing \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)