

# Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Tc:

Division of Corporations

Fax Number : (850) 617-6381

From:

Account Name : VCORP SERVICES, LLC

Account Number : I20080000067

Phone : (845)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:

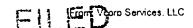
## FLORIDA LIMITED LIABILITY CO. Kinyan JK 3 LLC

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

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### ARTICLESOF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

2021 FEB -9 AM 9 41

ARTICLE I - Name:

The name of the Limited Liability Company is:

SECRETARY OF STATE TALLAHASSEE, FL

Kinyan JK 3 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:	<u>Mailing Address</u> :	
5225 Collins Ave #1501	5225 Collins Ave #1501	
Miami Beach, FL 33140	Miami Beach, FL 33140	

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:

Ezra Birnbaum		
	Name	
5225 Collins Ave #1	501	
Florida street addres	ss (P.O. Box <u>NOT</u> ac	eceptable)
Miami Beach	FL	33140
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..

6k-	
Registered Agent's Signature (REQUIRED)	

(CONTINUED)

From: Vcorp Services, LLC

	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager AMBR	Ezra Birnbaum 5225 Collins Ave #1501 Miami Beach, FL 33140
	SECRE
	SECRETARY OF STAT
(Use attachment if necessary)	FLATE
the date of filing.)	of filing:
ARTICLEVI: Other provisions, if any.	

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

Ezra Birnbaum Typed or printed name of signee

### Filing Fees:

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