L21000082328

(Requestor's Name)	
(,	Address)	
	Address)	
(1	City/State/Zip/Phone #)	
PiCK-uP	MAIT	MAIL
(Business Entity Name)	
(1	Document Number)	• •
ertified Copies	Certificates of S	tatus
Special Instructions	to Filing Officer.	
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Office Use Only



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1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500
ACCOUNT NO. : 12000000195
REFERENCE : 680277 7521141
AUTHORIZATION: Spulle le man
COST LIMIT : \$ 125.00
ORDER DATE : February 25, 2021
ORDER TIME : 10:53 AM
ORDER NO. : 680277-005
CUSTOMER NO: 7521141
DOMESTIC FILING
NAME: 43899 US HIGHWAY 19 LLC
EFFECTIVE DATE:
ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP XX ARTICLES OF ORGANIZATION
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY XX PLAIN STAMPED COPY

EXAMINER'S INITIALS:

CORPORATION SERVICE COMPANY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker - EXT.

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

43899 US Highway 19	LLC			
(Must conat	in the words "Limited	Liability Company,	"L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street add	dress of the principal o	ffice of the Limited	Liability Company is:	
<u>Principa</u>	Office Address:		Mailing Address:	
145 Hudson Street, Su New York, New York			Hudson Street, Suite 5C York, New York 10013	
APTICI F III - Peristered Ager	ut Pagistared Office	& Pagistarad Agar	t'e Signature	
another business entity with an ac	cannot serve as its own trive Florida registratio	Registered Agent. \on.)	et's Signature: You must designate an individual or	202
(The Limited Liability Company of	cannot serve as its own trive Florida registratio	Registered Agent. \on.)		2021 FE
(The Limited Liability Company of another business entity with an ac	cannot serve as its own trive Florida registratio	Registered Agent. \ on.) d agent are: Company		2021 FEB 2
(The Limited Liability Company of another business entity with an ac	cannot serve as its own trive Florida registration ddress of the registered	Registered Agent. \ on.) d agent are:		25
(The Limited Liability Company of another business entity with an ac	eannot serve as its own crive Florida registration diverse of the registered Corporation Service 1201 Hays Street	Registered Agent. Von.) I agent are: Company Name	You must designate an individual or	25
(The Limited Liability Company of another business entity with an ac	eannot serve as its own stive Florida registration ddress of the registered Corporation Service	Registered Agent. Von.) I agent are: Company Name	You must designate an individual or	25
(The Limited Liability Company of another business entity with an ac	eannot serve as its own crive Florida registration diverse of the registered Corporation Service 1201 Hays Street	Registered Agent. Von.) I agent are: Company Name	You must designate an individual or	2

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..

Corporation Service Company

By Javards & Political 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" = Authorize	Name and Address:	
"MGR" = Manager	viembei	
J	612 North State Street LLC	
AMBR	612 North State Street LLC 145 Hudson Street, Suite 5C	
	New York, New York 10013	
		
(Use attachment if nec	sary)	
If an effective date is listed, the he date of filing.) Note: If the date inserted in thi	her than the date of filing:	
ARTICLE VI: Other provisions	fany.	_
REOUIRED SIGNA	JRE: Docustanec by: Michael Aviles	-
This d I am a	gnature of a member or an authorized representative of a member, sument is executed in accordance with section 605.0203 (1) (b), Florida Statutes, are that any false information submitted in a document to the Department of State es a third degree felony as provided for in s.817.155, F.S.	
	fichael Aviles	
	Typed or printed name of signee	
	A1	

as

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)