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Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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From:

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Account Number : 104662003400 Phone : (516)935-3940 Fax Number : (516)935-3088

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Email Address: TOMMYSTOWING@YAHOO.COM

FLORIDA LIMITED LIABILITY CO. E FAMILY REALTY, LLC

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H21000079719

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

E FAMIL'	Y REALTY, LLC	
(Must end with the words	"Limited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
The mailing address and street address of the pr	incipal office of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
50 RUTSONVILLE ROAD	50 RUTSONVILLE ROAD	
WALLKILL, NY 12589	WALLKILL, NY 12589	
ARTICLE III - Registered Agent, Registered	Office, & Registered Agent's Signature:	
(The Limited Liability Company cannot serve as	s its own Registered Agent. You must designate an indivi	~
(The Limited Liability Company cannot serve as another business entity with an active Florida re	s its own Registered Agent. You must designate an indivi- egistration.) egistered agent are:	2021
(The Limited Liability Company cannot serve as another business entity with an active Florida re	s its own Registered Agent. You must designate an indivi- egistration.) egistered agent are:	2021
(The Limited Liability Company cannot serve as another business entity with an active Florida re.) The name and the Florida street address of the name.	s its own Registered Agent. You must designate an indivi- egistration.) egistered agent are:	2021
(The Limited Liability Company cannot serve as another business entity with an active Florida re The name and the Florida street address of the n	s its own Registered Agent. You must designate an indivi- egistration.) egistered agent are: ZZI Name	2021 FEB 26
another business entity with an active Florida re The name and the Florida street address of the n THOMAS ENDRIZ 801 W 122ND AV	s its own Registered Agent. You must designate an indivi- egistration.) egistered agent are: ZZI Name	2021 FEB 26 PM
(The Limited Liability Company cannot serve as another business entity with an active Florida re. The name and the Florida street address of the manual man	s its own Registered Agent. You must designate an indivi- egistration.) egistered agent are: ZZI Name	2021 FEB 26

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

Registered Agent's Signature (RFCURED THOMAS ENDRIZE

(CONTINUED)

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H21000079719

ffective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days e of filing.)	THOMAS ENIODIZZI	
WALLKILL, NY 12589 200 200 200 200 200 200 200 2	I HOIVIAG ENDRIZZI	
(Use attachment if necessary) LE V: Effective date, if other than the date of filing:		<u>-</u>
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CLE V: Effective date, if other than the date of filing: (OPTIONAL) _	구. 유·	
CLE VI: Other provisions, if any.	; (OPTIONAL) id cannot be more than five business days prior to or	~1
	Siell .	
REQUIRED SIGNATURE:	r an authorized representative of a member. 3 (1) (b), Florida Statutes, the execution of this docum	nent
	-	WALLKILL, NY 12589

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