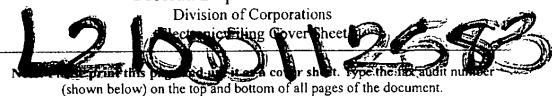
Florida Department of State



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.

Account Number : 075350000353 Phone : (800)221-2972 Fax Number : (917)243-5843

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. 2390 Linwood LLC

فأحد مستوي والمستوالة فأنقط والبران والبارا والبارا والمستويد والمستوين	فالمناف كالمكاف المتلاط فيتبعد والمسترق والمسترق والمسترق والمسترق والمسترق والمسترق والمسترق والمسترق والمسترق
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Corporate Filing Menu

Help

ARTICLESOF	ORGANIZATION FOR	FLORIDA LIMITE	DLIABILITY COMPANY
ARTICLE I - Name: The name of the Limited Liability	y Company is:		
2390 Linwood LLC	niek also sunada "I imiteac	I liability Compa	ıy, "L.L.C.," or "LLC.")
(Musi chu v	Aith the words Chines	Liaumiy Compai	iy, b.b.c., or side.)
ARTICLE II - Address: The mailing address and street ad	dress of the principal o	ffice of the Limite	d Liability Company is:
Princips	Office Address:		Mailing Address:
2390 LINWOOD WA	ΛY	PC) Box 99
NAPLES FL 34112		Ro	slyn Heights, NY 11577
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a The name and the Florida street a	cannot serve as its own ctive Florida registratio	Registered Agent on.)	ent's Signature: . You must designate an individual or
	ARTEM PERCHEN	ок	
		Name	
	2390 LINWOOD W	AY	
	Florida street addres	s (P.O. Box NOT	acceptable)
	NAPLES	<u>FL</u>	34112
	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 ascept us provided for in Chapter 605, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

"MGR" = Manager AMBR ARTEM PERCHENOK 100 BROADHOLLOW RD STE 101 FARMINGDALE, NY 11735 EV: Effective date, if other than the date of filing:	Title:		Name and Address:	
ARTEM PERCHENOK Signature of a member or an authorized representative of a member. This document is secured in a coordance with section 605.0203 (1) (b), Florida Statutes. I am aware that only false information submitted in a document to the Department of State constitutes a faired degree felony as provided for in s.817.155, F.S. ARTEM PERCHENOK Typed or printed name of signee Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)				
(Use attachment if necessary) E V: Effective date, if other than the date of filing:			ARTEM PERCHENOK	
(Use attachment if necessary) E V: Effective date, if other than the date of filing: (OPTIONAL) Etive date is listed, the date must be specific and cannot be more than five business days prior to or 90 day of filing.) the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be ment's effective date on the Department of State's records. E VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a grapher or an authorized representative of a member. This document is precuted in accordance with section 603.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes active degree felony as provided for in s.817.155, F.S. ARTEM PERCHENOK Typed or printed name of signee Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certified Copy (Optional)	AMBK	 -		
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