

5/5/2021

L21000195979
 Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

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To:
 Division of Corporations
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From:
 Account Name : INTERSTATE FILINGS LLC
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SECRETARY OF STATE
 DIVISION OF CORPORATIONS

**FLORIDA LIMITED LIABILITY CO.
 SOUTHERN OAKS LIVING LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

[Electronic Filing Menu](#)

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(((H21000181722 3)))

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SOUTHERN OAKS LIVING 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 principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

85 DELANCEY STREET
NEW YORK, NY 10002

85 DELANCEY STREET
NEW YORK, NY 10002

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:

INTERSTATE AGENT SERVICES, LLC

Name

100 SE 2nd Street Suite 2000 #209

Florida street address (P.O. Box **NOT** acceptable)

Miami

FL

33131

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..



(Registered Agent's Signature (REQUIRED))

(CONTINUED)

Page 1 of 2

2021 MAY -5 AM 7:56

(((H21000181722 3)))

ARTICLE IV-

Title:

"MGR" = Manager

MGR

JONATHAN WEINBERGER

85 DELANCEY STREET

NEW YORK, NY 10002

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.

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.

JONATHAN WEINBERGER

Typed or printed name of signee