121000218071

	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PiCK-U	WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions	s to Filing Officer

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Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312 (850) 656-4724

DATE <u>5/14/21</u>			**W4LK I	!N**
ENTERVALANT PA	RSON BROWN LLC			
ENTITY NAME TA	NSON BROWN LLO			
DOCUMENT NUME	BER			
	PLEASE FIL	LE THE ATTACHED AND RETURN	· · · · · · · · · · · · · · · · · · ·	
	Plain Copy			
	Certified Copy		8 + 1 5	,
	Certificate of Sta	fas	2821	
	PLEASE OBTAIN 1	THE FOLLOWING FOR THE ABOVE ENTITY	AY 11 AR 11:4	
	Certified Copy of	Arts & Amendments	<u>+</u>	4. , -
	Certified Copy of	Arts & Amendments Complete File (Including Annual N	****	
	Certificate of Sta	tus		
	Certificate of Sta	tus Reflecting:		-
	APOSTILLE	E' / NOTARIAL CERTIFICATION		
COUNTRY OF DESTI	NATION			
NUMBER OF CERTIF	FICATES REQUESTED_			
TOTAL OWED \$	155.11	ACCOUNT # 120140000108 / United Corporate Services, Inc. for any issues or concerns, Thank you see	ithflypa	J.
Please call Tina a	nt the above number 1	for any issues or concerns. Thank you s	so much!	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Parson Brown 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 t	he Limited Liability Company is:
Principal Office Address:	Mailing Address:
7 Pleasant Street Bedford, NY 10506	9200 South Dadeland Boulevard, Suite 508 Miami, FL 33156
ARTICLE III - Registered Agent, Registered Office, & Regist (The Limited Liability Company cannot serve as its own Register another business entity with an active Florida registration.)	tered Agent's Signature: red Agent. You must designate an individual or
The name and the Florida street address of the registered agent ar	re;
United Corporate Services, In Name	ic.
3458 Lakeshore Driv Florida street address (P.O. B	

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..

State

Tallahassee

Registered Agent's Signature (REQUIRED)

Zip

(CONTINUED)

WEINATIN AMILINI

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	Ceyhun Soysal
	7 Pleasant Street Bedford, NY 10506
MGR	Stephanie Vanamee
	15 Circle Drive
	Hastings-On-Hudson, NY 10706
	
(Use attachment if necessary)	
CLF.V: Effective date, if other than the da	nte of filing: (OPTIONAL)
effective date is listed, the date must be	specific and cannot be more than five business days prior to or 90 days after
te of filing.)	
If the date inserted in this block does no cument's effective date on the Departme	t meet the applicable statutory filing requirements, this date will not be listed as
cument's effective date on the Departme	nt of State's records.
CLE VI: Other provisions, if any.	

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.

Ceyhun Soysal

Typed or printed name of signce

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)