Florilla Department of State Division of Corporations Electronic Filling Cover Steet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H210002314093)))



H210002314093ABCW

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

Ta:			14977 -	58534
	_			

Division of Corporations

Fax Number ; (850)617-6381

From:

Account Name : CIKLIN LUBITZ Account Number : 076376001447 Phone : (561)832-5900 Fax Number : (561)833-4209

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: gwalk@ciklinlubitz.com

	FLORMA	LIMITED	LIABILITY	CO.
--	--------	---------	-----------	-----

CharterGrove LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

021 J. 15 MHIU: 4

H210002314093

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

CharterGrove LLC	
(Must contain the words "Limited Lin	ibility Company, "L.L.C.," or "LLC.")
ARTICLE II - Addross:	
The mailing address and street address of the principal offi	ce of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
210 W 101st Street, 9K	210 W 101st Street, 9K
New York, NY 10025	New York, NY 10025
New York, NY 10025 ARTICLE III - Registered Agont, Registered Office, & The Limited Liabillty Company cannot serve as its own R	New York, NY 10025 Registered Agent's Signature: egistered Agent, You must designate an individual o
New York, NY 10025 ARTICLE III - Registered Agent, Registered Office, & The Limited Liability Company cannot serve as its own Remother business entity with an active Florida registration.	New York, NY 10025 Registered Agent's Signature: egistered Agent, You must designate an individual o
	New York, NY 10025 Registered Agent's Signature: egistered Agent, You must designate an individual o

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

Wast Palm Beach.

City

Registered Agent's Signature (REQUIRED)

33401

Zip

(CONTINUED)

2021 JUN 15 AM 10: 40

H21000231409 3

AGR Britton Woolf 210 W 101st Street, 9K New York, NY 10025	
210 W 101st Stroot, 9K New York, NY 10025	
New York, NY 10025	
· · · · · · · · · · · · · · · · · · ·	<u>-</u>
e attachment if necessary)	
ve date is listed, the date must be specific and cannot be more than five business days prior to ling.) date inserted in this block does not meet the applicable statutory filing requirements, this date we're effective date on the Department of State's records.	
1: Other provisions if any	
1: Other provisions, if any.	
DUIRED SIGNATURE:	
OUIRED SIGNATURE:	
OUIRED SIGNATURE: Signature of a member or an authorized representative of a member.	
Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Stat I am aware that any false information submitted in a document to the Department of	tutes!
Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Stat I am aware that any false information submitted in a document to the Department of constitutes a third degree felony as provided for in s.817.155, F.S.	tutes!
Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Stat I am aware that any false information submitted in a document to the Department of	tutes!
Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Stat I am aware that any false information submitted in a document to the Department of constitutes a third degree felony as provided for in s.817.155, F.S. Gary Walk, Esq., Authorized Representative Typed or printed name of signee	sutes 1. State A
Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Stat I am aware that any false information submitted in a document to the Department of constitutes a third degree felony as provided for in s.817.155, F.S. Gary Walk, Esq., Authorized Representative	tutes -! State