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AND CONTRACTOR SPACE

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To:

Division of Corporations

Fax Number

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From:

Account Name : ALAN 3. MARCUS, ATTORNEY AT LAW

Account Number : 120190000099
Phone : (305)937-1800
Fax Number : (305)937-1857

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

Email Address: shai@presentequity.com

(7)

## FLORIDA LIMITED LIABILITY CO. Present Equity Retail Longwood, LLC

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Help

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## COVER LETTER

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CHID IE/TI		nity Retail Longwood,	LLC			
SUBJECT	·	Name of I	Limited Lia	bility Company	<del></del>	
The enclos	sed Articles of (	Organization and fee(s)	are submitt	ed for filing.		
Please retu	nn all correspo	ndence concerning this	matter to th	e following:		
	Alan J. Maru	8				
			Name	of Person		
	Alan J. Marc	us, Attorney at Law				
			Firm	Company		
	20803 Biscay	ne Boulevard, Suite 30	) i			
		·	A	idress		
	Aventura, FL	. 33180				
			City/State	and Zip Code		
	shai@presenu	*	sed for figu	re annual report notificati	on)	
<b>5</b> 6 4				F	•	
For further	intormation co	ncerning this matter, pl	case can:			
	Alan J. Marc	us at	305 (	937-1800		
	Nom	e of Person	Area Cod	Daytime Telephon	e Number $\sum_{i=0}^{\infty} c_i$	2:
Enclosed	is a check for t	he following amount:			<b>登</b> 表示	J. 7
冒\$125.0	00 Filing Fee	☐\$130.00 Filing Fe Certificate of Status	Cc	\$155.00 Filing Fee & raified Copy ional copy is enclosed)	S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclose	TINE OF THE STATE
	New F Divisi P.O. E	og Address Filing Section on of Corporations Box 6327 massee, FL 32314		Street Address New Filing Section D The Centre of Tallah 2415 N. Monroe Stre Tallahassee, FL 3230	assoe et, Suite 810	7

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Present Equity Retail		******	
(Must conta	in the words "Limited Li	ability Company,	"L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street ad	dress of the principal offi	ice of the Limited	Liability Company is:
<u>Principa</u>	l Office Address:		Mailing Address:
134 S. Dixie Highway	, Suite 202	134	S. Dixie Highway, Suite 202
Hallandale Beach, FL		LL-11	1 ( 7) 1 17 2 2/20/2
ARTICLE III - Registered Age The Limited Liability Company	nt, Registered Office, & cannot serve as its own R	Registered Ager	andale Beach, FL 33009  nt's Signature: You must designate an individual or
ARTICLE III - Registered Age	nt, Registered Office, & cannot serve as its own R ctive Florida registration.	Registered Agent.	nt's Signature:
ARTICLE III - Registered Age The Limited Liability Company another business entity with an ac	nt, Registered Office, & cannot serve as its own R ctive Florida registration.	Registered Agent.	nt's Signature:
ARTICLE III - Registered Age The Limited Liability Company another business entity with an ac	nt, Registered Office, & cannot serve as its own Retive Florida registration.  ddress of the registered a	Registered Agent.	nt's Signature:
ARTICLE III - Registered Age The Limited Liability Company another business entity with an ac	nt, Registered Office, & cannot serve as its own Retive Florida registration.  ddress of the registered a	Registered Agent.  (a)  (a)  (a)  (b)  (c)  (c)  (d)  (d)  (d)  (d)  (d)  (d	nt's Signature:
ARTICLE III - Registered Age The Limited Liability Company another business entity with an ac	nt, Registered Office, & cannot serve as its own Retive Florida registration.  ddress of the registered a	Registered Agent. () () () () () () () () () () () () ()	nt's Signature: You must designate an individual or
ARTICLE III - Registered Age The Limited Liability Company another business entity with an ac	nt, Registered Office, & cannot serve as its own Retive Florida registration.  ddress of the registered a  Alan J. Marcus	Registered Agent. () () () () () () () () () () () () ()	nt's Signature: You must designate an individual or

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. Thereby 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)

PILES
21 JUN 23 AM IZ: 117
SEUNCIAN D

Title: "AMBR" = Authorized Membe "MGR" = Manager	Name and Address:
MGR	MOSCHOWITS, SHA1 134 S. Dixie Highway, Suite 202 Hallandale Beach, FL 33009
<del>-</del>	
(Use attachment if necessary)	
CLE V: Effective date, if other than	the date of filing:
CLE V: Effective date, if other than affective date is listed, the date in its of filing.)  If the date inserted in this block document's effective date on the Dep	ist be specific and cannot be more than five business days prior to or 90 days a oes not meet the applicable statutory filing requirements, this date will not be list
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