

# L21000321026

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

**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.**

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To: Division of Corporations  
Fax Number : (850) 617-6381

From: Account Name : VCORP SERVICES, LLC  
Account Number : I20080000067  
Phone : (845) 425-0077  
Fax Number : (845) 818-3538

**FILED**  
2021 JUL 13 PM 3:44  
TALLAHASSEE, FL

**\*\*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. 595 at Bedrock Holding LLC

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

2021 JUL 13 PM 3:51

**ARTICLE I ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**FILED**

**2021 JUL 13 PM 3:44**

SECRETARY OF STATE  
TALLAHASSEE, FL

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

595 at Bedrock Holding 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:

1776 Ave of the States, Suite 302  
Lakewood NJ 08701

1776 Ave of the States, Suite 302  
Lakewood NJ 08701

**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:

Vcorp Services, LLC

**Name**

5011 South State Road 7, Suite 106

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

Davic

FL


33314

**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)**

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

<u>Title:</u>	<u>Name and Address:</u>
"AMBR" = Authorized Member "MGR" = Manager <u>AMBR</u>	<u>MC Capital 2 LLC</u> <u>1776 Ave of the States, Suite 302</u> <u>Lakewood NJ 08701</u>
<u>AMBR</u>	<u>SC Capital 2 LLC</u> <u>1776 Ave of the States, Suite 302</u> <u>Lakewood NJ 08701</u>
<u>AMBR</u>	<u>TC Capital 2 LLC</u> <u>1776 Ave of the States, Suite 302</u> <u>Lakewood NJ 08701</u>
<u>        </u>	<u>        </u>
<u>        </u>	<u>        </u>

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)  
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**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.

**ARTICLE VI:** Other provisions, if any.

\_\_\_\_\_  
\_\_\_\_\_

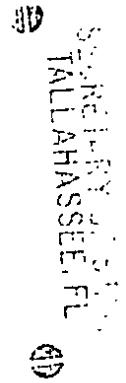
**REQUIRED SIGNATURE:**

**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.

William Zovac  
Typed or printed name of sign

**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)



2021 JUL 13 PM 3:44

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