# UZ1000334509

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

Office Use Only

J. FASON
JUL 23 2021



900369057519

7691 J. 1. 22 T. T. 30

2027 JUL 22 KITHER

## Sunshine State Corporate Compliance Company

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

		(650) 650-4724
DATE 7/21/21		**WALK IN**
ENTITY NAME 80	1 Singer LLC	
DOCUMENT NUMB	ER	
	**PLEASE FILE	THE ATTACHED AND RETURN**
	Plain Copy	
XXXX	Certified Copy	
	Certificate of Status	
	**PLEASE OBTAIN THE Certified Copy of Art	FOLLOWING FOR THE ABOVE ENTITY**
	• • •	s & Amendments Complete File (Inclading Annual Reports)
	Certificate of Status	S OC TIMEHUMERUS COMPLECE THE TIRELULUNG TURBULO REPORTS
	•	Reflecting:
	cerupicace of Science	ледиесияу.
	**APOSTILLE'/	NOTARIAL CERTIFICATION**
COUNTRY OF DESTI	NATION	
NUMBER OF CERTIF	ICATES REQUESTED	
TOTAL OWED \$	55.00	ACCOUNT # I20140000108 Littly United Corporate Services, Inc.

#### COVER LETTER

		CO	VER CEITER	
то:	New Filing Sec Division of Co			
SUBJE	801 Singer	LLC		
50202	<u> </u>	Name of Lin	nited Liability Company	
The enc	losed Articles of	Organization and fee(s) are	e submitted for filing.	
Please re	eturn all correspo	ondence concerning this ma	itter to the following:	
	Dolores Bur	ton		
			Name of Person	<del>-</del>
	United Corp	orate Services, Inc.		
			Firm/Company	
	100 State Sta	reet, Suite 800		
			Address	
	Albany, NY	12207		
	<del></del> -		ity/State and Zip Code	
		endercpas.com		<del></del>
	ŀ	E-mail address: (to be used	for future annual report notificate	ion)
For furthe	r information co	ncerning this matter, please	call:	
		at (	)	
	Nam	e of Person Ar	rea Code Daytime Telephon	e Number
Enclosed	l is a check for th	ne following amount:		
□\$125.	00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	■\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address

New Filing Section
Division of Corporations

Street Address

New Filing Section Division The Centre of Tallahassee

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the I	imited Liability Compan.	y is:			
801 Si	nger LLC				
	(Must contain the wo	rds "Limited I	Liability Cor	npany, "L.L.C.," or "LLC.")	<del>.</del>
ARTICLE II - A The mailing addre		he principal of	ffice of the l	Limited Liability Company is:	
	Principal Office /	Address:		Mailing Addro	<u>ess</u> :
17 Cathay Road East Rockaway, NY 11518				17 Cathay Road East Rockaway, NY 11518	
(The Limited Liab another business	entity with an active Flori Florida street address of	ve as its own da registration the registered	Registered and agent are:	<b>d Agent's Signature:</b> Agent. You must designate an ind	ividual or
	<u>United 0</u>	Corporate Ser			
			Name		
		keshore Drive		<u> </u>	
	Florida	street address	(P.O. Box	NOT acceptable)	
	Tallahas	see, Florida 3	1231.		
		City	State	Zip	
place designated in l further agree to com	his certificate, I hereby ac ply with the provisions of	ecept the appo all statutes rei	intment as re lating to the	for the above stated limited liabil, egistered agent and agree to act in proper and complete performance agent as provided for in Chapter (	r this capacity. T c of my duties, and I
		/S/Michael	l A. Barr		
		Registe	red Agent's	Signature (REQUIRED)	
			(CONTIN	UED)	2021 J.

#### ARTICLE IV-

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

Title: "AMBR" = Autho	rized Member	ame and Address:
"MGR" = Manage	r	
AMBR	Joseph 17 Cath	Tarulli III ay Road East Rockaway, NY 11518
AMBR	<u>Josephii</u> 17 Cath	ne Tarulli ay Road East Rockaway, NY 11518
	<u> </u>	2021 317
	<del>-</del>	22
·		2
(F. L		7:30
(Use attachment if		
II an effective date is listed he date of filing.) Note: If the date inserted in	, the date must be specific and ca	. (OPTIONAL)  nnot be more than five business days prior to or 90 days after icable statutory filing requirements, this date will not be listed as cords.
ARTICLE VI: Other provisi	ons, if any.	
REQUIRED SIG	SATURE:	
	/S/Joseph Tarulli III	
l ai	s document is executed in accorda	authorized representative of a member, ance with section 605.0203 (1) (b), Florida Statutes, submitted in a document to the Department of State ovided for in s.817.155, F.S.
	Joseph Tarulli III  Typed or p	rinted 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)