

L21000349080

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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((H21000289391 3))



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

From: Account Name : CORPORATE CREATIONS INTERNATIONAL INC.
Account Number : 110432003053
Phone : (561)694-8107
Fax Number : (561)214-8442

****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.
Becker Levitt Capital Partners, LLC**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

21 AUG -2 PM 12:43
TALLAHASSEE, FLORIDA

2021/08-02 AM 10:39

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Becker Levitt Capital Partners, 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 the Limited Liability Company is:

Principal Office Address:

Joseph A. Zito
24 Church Street
Montclair, NJ 07042

Mailing Address:

Joseph A. Zito c/o The Becker Org
24 Church Street
Montclair, NJ 07042

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

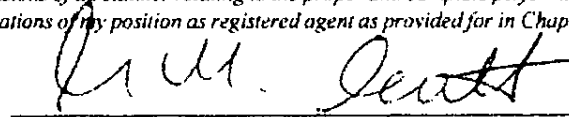
(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Eric Levitt
Name
105 Siesta Way
Florida street address (P.O. Box **NOT** acceptable)
Palm Beach Gardens FL 33418
City State Zip

SECRET
21 AUG -2 PM 12:43
SOUTH FLORIDA
FALLAIH STREET, FLORIDA

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:

Title:

Name and Address:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

EML SEP Retirement LLC

AMBR

Becker & Becker GP

(Use attachment if necessary)

21 AUG -2 PM 12:43
TALLAHASSEE, FLORIDA

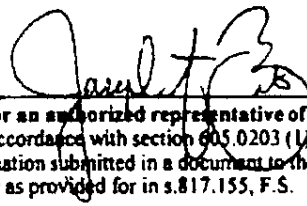
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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.

Joseph A. Zito
Typed or printed name of signer

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)



July 30, 2021

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CORPORATE CREATIONS INTERNATIONAL INC.

SUBJECT: BECKER LEVITT CAPITAL PARTNERS, LLC
REF: W21000107259

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The designation of the registered agent must be at a Florida street address.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

DANIEL L O'KEEFE
Regulatory Specialist II

FAX Aud. #: H21000289391
Letter Number: 921A00017959