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2021 AUG 20 AM 9: 44 SECRETARY OF STATE TALLAHASSEE, FL

TI MU

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

Phone: 850-558-1500
ACCOUNT NO. : I2000000195
REFERENCE: 969801 7711366
AUTHORIZATION :
COST LIMIT: \$7,25.00
ORDER DATE : August 19, 2021
ORDER TIME: 8:02 AM
ORDER NO. : 969801-005
CUSTOMER NO: 7711366
DOMESTIC FILING
NAME: LIDO NEW AMERICA LLC
EFFECTIVE DATE:
ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP ARTICLES OF ORGANIZATION
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING
CONTACT PERSON: Alexxis Weiland - EXT.
EXAMINER'S INITIALS:

COVER LETTER

TO:	New Filing Sec Division of Co					
SERIF	Lido New	America LLC				
30002	C	Na	me of Limite	d Liabili	ly Company	
The enc	losed Articles of	Organization and	fee(s) are si	ıbmitted	for filing.	
Please re	eturn all correspo	ndence concernii	ng this matte	r to the fo	ollowing:	
	Richard A. F	Caplin, Esq.				
	t.		?	Name of I	Person	***************************************
	DiConza, La	rocca, DiCunto &	: Kaplin, LL	P		
			<u> </u>	Firm/Con	ipany	
	478 Bay Rid	ge Parkway				
		-		Addre	58	
	Brooklyn, No	ew York 11209				
	rkaplin@dldkl	aw.com	City/	State and	Zip Code	
		···	be used for	future an	nual report notificat	ion)
For further	r information cor	cerning this matte	er. please cal	1:		
	Richard Kapli	n	718 at (1	238-6800	
	Name	of Person	Area		Daytime Telephon	
Enclosed	is a check for th	e following amou	nt:			
□\$125,0	00 Filing Fee	□\$130.00 Filin Certificate of St	atus	Certified	00 Filing Fee & Copy copy is enclosed)	□S160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	New Fil	Address ing Section t of Corporations x 6327		N TI	reet Address ew Filing Section Di ne Centre of Tallaha HS N. Monroe Succ	ssee

Tallahassee, FL 32303

Tallahassee, FL 32314

2021 AUG 20 AH 8:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

Lido New An				
(34)	ist conatin the words "Limited	Liability Company.	"L.L.C.," or "L.LC.")	
ARTICLE II - Address: The mailing address and	street address of the principal of	office of the Limited	Liability Company is:	
<u>i</u>	rincipal Office Address:		Mailing Address:	
342 7th Aven Brooklyn, Ne	ue w York 11215	SA	ME	
ARTICLE III - Register	ed Agent, Registered Office.	& Registered Ager	nt's Signature:	
ARTICLE III - Register (The Limited Liability Co another business entity w	ed Agent, Registered Office, impany cannot serve as its own ith an active Florida registration street address of the registered	r Registered Agent, ' on.) d agent are:	nt's Signature: You must designate an individual or	SECRETA TALLAH
ARTICLE III - Register (The Limited Liability Co another business entity w	ed Agent, Registered Office, mpany cannot serve as its own ith an active Florida registration	r Registered Agent, ' on.) d agent are:	nt's Signature: You must designate an individual or	. 03
ARTICLE III - Register (The Limited Liability Co another business entity w	ed Agent, Registered Office, impany cannot serve as its own ith an active Florida registration street address of the registered	Registered Agent, ' on.) d agent are: Company	nt's Signature: You must designate an individual or	. 03
ARTICLE III - Register (The Limited Liability Co another business entity w	ed Agent, Registered Office, mpany cannot serve as its own ith an active Florida registratic street address of the registered Corporation Service	Registered Agent, 'on.) d agent are: Company Name	You must designate an individual or	
ARTICLE III - Register (The Limited Liability Co another business entity w	ed Agent, Registered Office, mpany cannot serve as its own ith an active Florida registratic street address of the registered Corporation Service 1201 Hays Street	Registered Agent, 'on.) d agent are: Company Name	You must designate an individual or	. 03

(CONTINUED)

Registered Agent's Signature (REQUIRED)

The name and address of each person authorized to manage and control the Limited Liability Company: <u>Title:</u> "AMBR" = Authorized Member Name and Address: "MGR" = Manager MGR Ilan Goldstein 342 7th Avenue Brookivn, New York 11209 (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: AUTLURIARE Signature of amounter 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. Richard A. Kaplin, Authorized Signatory Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)