L21000378579

| (Requestor's Name) | |
|---|----|
| (Address) | |
| (Address) | |
| (City/State/Zip/Phone #) | |
| PICK-UP WAIT MA | IL |
| (Business Entity Name) | |
| (Document Number) | |
| ertified Copies Certificates of Status | |
| Special Instructions to Filing Officer: | |
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SECRETARY OF STATE TALLAHASSEE, FL.

Sunshine State Corporate Compliance Company

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

| DATE 08/19/2021 | ⇔ WALK | [N** |
|--|---|------|
| ENTITY NAME 2621 Riv | erland Drive LLC | |
| DOCUMENT NUMBER | | |
| | **PLEASE FILE THE ATTACHED AND RETURN** | |
| XXXXX | Plain Copy Certified Copy Certificate of Status | |
| **PL | EASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY** | |
| | Certified Copy of Arts & Amendments Certificate of Good Standing | |
| | **APOSTILLE' / NOTARIAL CERTIFICATION** | |
| COUNTRY OF DESTINATION NUMBER OF CERTIFICATE | | |
| TOTAL OWED \$125.00 | ACCOUNT #: 120160000072 | |
| Please call Tina at the | above number for any issues or concerns. Thank you so much! | |



August 20, 2021

SUNSHINE STATE

CORRECTED
Please Allow For
Same File Date

SUBJECT: 2621 RIVERLAND DRIVE LLC

Ref. Number: W21000114982

We have received your document for 2621 RIVERLAND DRIVE LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The last name of the individuals is not legible.

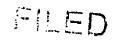
Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Neysa Culligan Regulatory Specialist III

Letter Number: 021A00019991

PECSIVED



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

2021 AUG 19 PM 3- 02

F STATE EE, FL

| he name of the Limited Liability Company is: | | | SECRETAR | |
|--|--|--|---|--|
| | TALLAHA | | | |
| (Must co | ontain the words "Limited | Liability Company, "L | L.C.," or "LLC.") | |
| ARTICLE II - Address: | | | | |
| The mailing address and street | t address of the principal of | ffice of the Limited Lia | ability Company is: | |
| <u>Princ</u> | ipal Office Address: | | Mailing Address: | |
| 2621 Riverland Dr | ive | 7209 R | oyce Place, Apt. 3 | |
| Fort Lauderdale FL, 33312 | | | Brooklyn, NY 11234 | |
| ARTICLE III - Registered A (The Limited Liability Compa another business entity with a | gent, Registered Office, ny cannot serve as its own n active Florida registratic | & Registered Agent's Registered Agent. You | | |
| ARTICLE III - Registered A (The Limited Liability Compa another business entity with a | Agent, Registered Office, ny cannot serve as its own n active Florida registration et address of the registered | & Registered Agent's Registered Agent. You | s Signature: | |
| ARTICLE III - Registered A (The Limited Liability Compa another business entity with a | gent, Registered Office, ny cannot serve as its own n active Florida registratic | & Registered Agent's Registered Agent. You | s Signature: | |
| ARTICLE III - Registered A (The Limited Liability Compa another business entity with a | Agent, Registered Office, ny cannot serve as its own n active Florida registration et address of the registered | & Registered Agent's Registered Agent. You on.) Lagent are: | s Signature: | |
| ARTICLE III - Registered A (The Limited Liability Compa another business entity with a | Agent, Registered Office, ny cannot serve as its own n active Florida registration address of the registered Abraham Yehuda 1200 West Avenue, | & Registered Agent's Registered Agent. You on.) Lagent are: | s Signature: u must designate an individual or | |
| ARTICLE III - Registered A | Agent, Registered Office, ny cannot serve as its own n active Florida registration address of the registered Abraham Yehuda 1200 West Avenue, | & Registered Agent's Registered Agent. You on.) I agent are: Name | s Signature: u must designate an individual or | |

 I_{I} 1 am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.,

> /s/ Abraham Yehuda 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: | | |
|---|---|---|---|----------------------|
| | Authorized Member | | | |
| "MGR" = M | lanager | | | |
| AMBR | | Abraham Yehuda | | |
| MINDI | | 1200 West Avenue, #603 | | |
| | | Miami, FL 33139 | <u> </u> | 2 |
| | | | 58 | 2021 AUG 19 PM 3: 02 |
| | | | ≥ 3 | \geq |
| <u>AMBR</u> | | Jonathan Yehuda | <u></u> | <u></u> |
| | | 7209 Royce Place, Apt. 3 | | |
| | | Brooklyn, NY 11234 | | 9 |
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| | | | 64年 | <u> </u> |
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| (If an effective date is the date of filing.) Note: If the date inse the document's effect | s listed, the date must be spected in this block does not relive date on the Department | of filing:ecific and cannot be more than five bu neet the applicable statutory filing requi of State's records. | siness days prior to or 90 day | |
| ARTICLE VI: Other | provisions, if any. | | | _ |
| REQUIRE | SIGNATURE: | | | _ _ |
| <u>KLO</u> CIKLI | | | | |
| | | /s/ Jonathan Yehuda | | |
| | This document is execu I am aware that any falso | ember or an authorized representative ted in accordance with section 605.0203 information submitted in a document to be felony as provided for in s.817.155. F. | (1) (b), Florida Statutes. the Department of State | |
| | | Jonathan Yehuda 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)
- \$ 5.00 Certificate of Status (Optional)