9/15/21, 2:26 PM

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.

(((H21000342537 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : GREENSPOON MARDER, P.A.

Account Number : 076064003722

Phone : (888)491-1120

Fax Number : (954)333-4242

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

FLORIDA LIMITED LIABILITY CO.

Atlantic NY AG, LLC

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

Electronic Filing Menu

Corporate Filing Menu

Help

H21000342537 3

ARTICLES OF ORGANIZATION OF ATLANTIC NY AG, LLC

ARTICLE I - Name:

The name of the Limited Liability Company is ATLANTIC NY AG, LLC.

ARTICLE II - Duration:

The period of duration for the Limited Liability Company shall begin with the filing of these Articles with the Florida Department of State, and shall exist perpetually, unless sooner dissolved in accordance with the Operating Agreement of the Limited Liability Company or Florida law.

ARTICLE III - Address:

The mailing address and street address of the principal office of the Limited Liability Company is 5875 N.W. 163rd Street – Suite 104, Miami Lakes, Florida 33014.

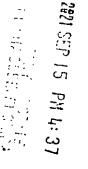
ARTICLE IV - Registered Agent:

The name and address of the initial registered agent for this Limited Liability Company is Abbigail Webb, 5875 N.W. 163rd St., Suite 105, Miami Lakes, Florida 33014.

ARTICLE V - Management:

The Limited Liability Company is to be managed by one or more managers, and the name and address of the initial manager who is to serve as manager is:

Ali Ahmed 5875 N.W. 163rd Street Suite 104 Miami Lakes, Florida 33014



H21000342537 3

The manager(s) of this Limited Liability Company: (i) may be replaced by the members, and (ii) shall be elected by the members, as provided for in the Operating Agreement of this Limited Liability Company.

Whereof, the undersigned has executed these Articles the 15th day of September, 2021.

Abbigail Webb, Esq.

Authorized Representative of Member

H21000342537 3

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1 The name of the Limited Liability Company is:

ATLANTIC NY AG, LLC

2. The name and address of the registered agent and office is:

Abbigail Webb, Esq. 5875 N.W. 163rd St., Suite 105 Miami Lakes. Florida 33014

By: Abbigail Webb, Esq.

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, the undersigned hereby accepts the appointment as registered agent and agrees to act in this capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of its duties, and the undersigned is familiar with and accepts the obligations of its position as registered agent.

Abbigail Webb, Esq. (Signature) September 15, 2021

(Date)

3

06905.0222 _x000a_48184792.1