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	Division of Corporations
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	Account Number : 075350000353
	Phone : (800)221-2972
	Fax Number : (917)243-5843
	the email address for this business entity to be used for future inual report mailings. Enter only one email address please.**
Εn	mail Address:
••••••	FLORIDA LIMITED LIABILITY CO.

Waterpointe Village, LLC

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Help

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Waterpointe_\				
(Mu	ist end with the words "Limited Liab	bility Company	, "L.L.C.," or "LLC.")	
RTICLE II - Address: ne mailing address and s	street address of the principal office	of the Limited	Liability Company is:	
<u>P</u>	rincipal Office Address:		Mailing Address:	
	•		•	
235 E. Ocean	Avenue	7-11	South Broadway Suite 204.	
RTICLE III - Register the Limited Liability Coother business entity w		White egistered Agentistered Agent.	te Plains, NY 10601	idual or
RTICLE III - Register the Limited Liability Coother business entity w	red Agent, Registered Office, & Rompany cannot serve as its own Registration.)	egistered Agentistered Agent. V	te Plains, NY 10601  It's Signature: You must designate an indiv	idual or
RTICLE III - Register the Limited Liability Coother business entity w	red Agent, Registered Office, & Registered as its own Register as a active Florida registration.)	egistered Agent. Vint are:	te Plains, NY 10601  It's Signature: You must designate an indiv	idual or
RTICLE III - Register the Limited Liability Coother business entity w	red Agent, Registered Office, & Registered Office, & Registered Office, & Register as its own Registration and active Florida registration.)  a street address of the registered agenth and active Florida registered agenth Elumberg Excelsion Corpus Name of the Registered Regis	egistered Agent. Vint are:  orate Services, me	te Plains, NY 10601  It's Signature: You must designate an indiv	ridual or
RTICLE III - Register the Limited Liability Coother business entity w	red Agent, Registered Office, & Registered Office, & Register as its own Registration.)  a street address of the registered agenth at the street address of the s	egistered Agent. Vent are:  orate Services, me  st Fl.	te Plains, NY 10601  at's Signature: You must designate an indiv	idual or
RTICLE III - Register the Limited Liability Coother business entity w	red Agent, Registered Office, & Registered Office, & Registered Office, & Registered Office, & Register as its own Registration.)  a street address of the registered agenth an active Florida registered agenth Elumberg Excelsion Corpe National Street Agenth Page 155 Office Plaza Drive, 155 Offi	egistered Agent. Vent are:  orate Services, me  st Fl.	te Plains, NY 10601  at's Signature: You must designate an indiv	idual or 2021 SEP 22

Tose Mojica, Assistant Secretary

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

ARTICLE IV-

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager AMBR	A.J. Rotonde 7-11 South Broadway Suite 204 White Plains, NY10601
·	
·	2.2 2.2 2.2 2.2 2.2 2.2 2.2 2.2 2.2 2.2
•	
(Use attachment if necessary)	. •
ICLE V: Effective date, if other than the date of filing	: (OPTIONAL)
effective date is listed, the date must be specific an ate of filing.)	d cannot be more than five business days prior to or 90 days a
: If the date inserted in this block does not meet the ocument's effective date on the Department of State'	applicable statutory filing requirements, this date will not be list is records.
ICLE VI: Other provisions, if any.	

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.

A.J. Rotonde

Typed or printed name of signee

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\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

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