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Office Use Only



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2021 SEP 27 PH 4: 06

SECRETARY OF STATE

RECEIVED 2021 SEP 27 PH 3: 19

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Sunshine State Corporate Compliance Company

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

DATE 9-27-21	**WALI	K IN**
ENTITY NAME_EGLSQ	2,LLC	
DOCUMENT NUMBER		
	PLEASE FILE THE ATTACHED AND RETURN	
	Plain Copy	
KXXX	Certified Copy	
	Certificate of Status	
***	LEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY**	
	Certified Copy of Arts & Amendments	
	Certified Copy of Arts & Amendments Complete File (Including Annual Reports)	
	Certificate of Status	
<u> </u>	Certificate of Status Reflecting:	 -
	APOSTILLE' / NOTARIAL CERTIFICATION	
COUNTRY OF DESTINATIO	W	
NUMBER OF CERTIFICATE	S REQUESTED	
TOTAL OWED \$ 155.	ACCOUNT # 120140000108 (United Corporate Services, Inc. above number for any issues or concerns. Thank you so much!	ad
Please call Tina at the	above number for any issues or concerns. Thank you so much!	

HED

2021 SEP 27 PM 4: 06

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ARTICLESOF	ORGANIZATION FOR FI	.ORIDA LIMI	ED LIABILITY COMPAN	SECRETARY OF STATE
ARTICLE I - Name: The name of the Limited Liability				TALLAHASSEE, FL
EGLSQ2, LLC (Must conta	in the words "Limited Li	ability Compa	ny, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street ac	ldress of the principal off	ice of the Lim	ited Liability Company is:	
<u>Princips</u>	d Office Address:		<u>Mailing A</u>	<u>ldress</u> :
7406 58th Avenue Middle Village, NY	1379		7406 58th Avenue Middle Village, NY 11379)
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a	cannot serve as its own R	Registered Age	sgent's Signature: nt. You must designate an	individual or
The name and the Florida street a	address of the registered a	igent are:		
	United Corporate Serv	ices, Inc. Name		
	3458 Lakeshore			
	Florida street address	(P.O. Box <u>NO</u>	<u>T</u> acceptable)	
	Tallahassee	FL	32312	
	City	State	Zip	

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.

Michael A. Barr
Registered Agent's Signature (REQUIRED)

(CONTINUED)

"MGR" = Manager	
MGR	Mike Konstantas
	6 Pine Drive South
	Roslyn, NY 11576
	,
EV: Effective date, it other tha	in the date of filing: (OPTIONAL) nust be specific and cannot be more than five business days prior to or 90 da
EV: Effective date, it other that extive date is listed, the date in filling.) the date inserted in this block of	tust be specific and cannot be more than five business days prior to or 90 da does not meet the applicable statutory filing requirements, this date will not be
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EV: Effective date, it other that ctive date is listed, the date in filing.) the date inserted in this block of ment's effective date on the De EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature This document	does not meet the applicable statutory filing requirements, this date will not be partment of State's records. The of a prember or an authorized representative of a member. It is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
EV: Effective date, it other that ctive date is listed, the date in filing.) the date inserted in this block of ment's effective date on the De EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature This document I am aware that	does not meet the applicable statutory filing requirements, this date will not be partment of State's records. The of a pember or an authorized representative of a member. It is executed in accordance with section 605.0203 (1) (b), Florida Statutes, the any false information submitted in a document to the Department of State.
E V: Effective date, it other that extive date is listed, the date in filing.) the date inserted in this block of ment's effective date on the De E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature This document I am aware that constitutes a the	does not meet the applicable statutory filing requirements, this date will not be partment of State's records. The of a prember or an authorized representative of a member. It is executed in accordance with section 605.0203 (1) (b), Florida Statutes.

The name and address of each person authorized to manage and control the Limited Liability Company:

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

ARTICLE IV-

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)