

10/21, 3:09 PM

Division of Corporations

L21000 438709

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : VCORP SERVICES, LLC
Account Number : 120080000067
Phone : (845)425-0077
Fax Number : (845)818-3588

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

Email Address: _____

FLORIDA LIMITED LIABILITY CO.
Altair 319 LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

2021 OCT -7 PM 4:11

STATE OF FLORIDA
TALLAHASSEE

CORPORATE

2021 OCT -7 AM 9:44

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Altair 319 LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:9540 W Bay Harbor Dr
Bay Harbor Islands FL 33154Mailing Address:12912 Chandler Blvd
Sherman Oaks CA 91401**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

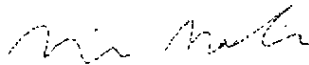
Vcorp Services, LLCN/A5011 South State Road 7, Suite 106Florida street address (P.O. Box **NOT** acceptable)DavieFL33314

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 ~~his~~ 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~~ **Chapter** 605, FS.

Registered Agent's Signature **(REQUIRED)**

(CONTINUED)

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2021 OCT -7 AM 9:44
CLERK OF DISTRICT COURT
DADE COUNTY FLORIDA

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

AMBR

Aaron S. Nahary

12912 Chandler Blvd

Sherman Oaks CA 91401

(Use attachment if necessary)

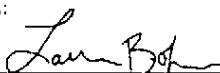
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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:



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.

Laura Bohan

Typed or printed name of **signer**

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)

FAX COVER SHEET

TO

COMPANY

FAX NUMBER 18506176383

FROM Ranae McGraw

DATE 2021-10-07 13:11:12 CST

RE Eyendsky, LLC 13922114

COVER MESSAGE

This email is meant for internal discussion only and should not be forwarded/and or copied directly to a client.

Zach Cain
Fulfillment Associate I
Global Fulfillment Team
CT Corporation

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GlobalFulfillmentTeam@wolterskluwer.com

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