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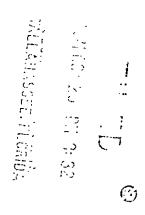
(Re	questor's Name)		
(Ad	dress)		
(Ad	dress)		
(Cit	y/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Bu	siness Entity Nan	ne)	
(Do	ocument Number)		
Certified Copies	_ Certificates	of Status	
Special Instructions to Filing Officer:			
	<u></u>		





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COVERLETTER

TO:	New Filing Section Division of Corporations			
cum	47 KENT, LLC			
SUBJ	ECT: Name of Lin	nited Liabi	lity Company	
The er	nclosed Articles of Organization and fee(s) are	e submitted	l for filing.	
Please	return all correspondence concerning this ma	atter to the	following:	
	RIVKY MENDLOVIC			
		Name o	Person	·
	47 KENT, LLC			
	···	Firm/Co	ompany	-
	20 GETZIL BERGER BLVC, UNIT 3	03		
		Add	ress	
	MONROE, NY 10950			
	C WRM33417@GMAIL.COM	ity/State ar	nd Zip Code	
	E-mail address: (to be used	for future	annual report notificati	on)
or furt	her information concerning this matter, please	e call:		
	PETRINA PENIO 56	51	612-8787	
			Daytime Telephon	
Enclos	sed is a check for the following amount:			
■\$ 12	5.00 Filing Fee S130.00 Filing Fee & Certificate of Status	Certif	55.00 Filing Fee & ied Copy (all copy is enclosed)	□\$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address New Filing Section Di The Centre of Tallaha 2415 N. Monroe Stree Tallahassee, FL 3230	issee et, Suite 810

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability	Company is:				
47 KENT, LLC		·· ··· ···			
(Must contain	in the words "Limited Liab	ility Company, "I	L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street add	dress of the principal office	of the Limited L	iability Company is:		
<u>Principa</u>	Office Address:		Mailing Add	ress:	
20 GETZIL BERGER	BLVD		TZIL BERGER BLVI)	
UNIT 303		_ UNIT			
MONROE, NY 10950	<u> </u>	_ MONI	ROE, NY 10950		
ARTICLE III - Registered Ager (The Limited Liability Company canother business entity with an ac	cannot serve as its own Reg			adividual or	٠.,
The name and the Florida street ac	ddress of the registered age	ent are:		ŽAJI.	
	DEBBIE SCHWARTZ			EL 188	752
xome (1)				Ŭ. '''	
	208 WELLINGTON L			71	
Florida street address (P.O. Box <u>NOT</u> acceptable)				ي ل	
	WEST PALM BEACH	FLORIDA	33417	E FLORID;	32
	City	State	Zip		Q

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 pastion as registered agent as provided for in Chapter 605, F.S..

Registered Agent's Signature (REOUIRED

(CONTINUED)

ARTICLE IV-

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

<u>Title:</u> "AMBR" = Authorized Mo	Name and Address:	
"MGR" = Manager		
AMBR	RIVKY MENDLOVIC 20 GETZIL BERGER BLVD. UNIT 30 MONROE. NY 10950	03
AMBR	WOLF MENDLOVIC 20 GETZIL BERGER BLVD, UNIT 30 MONROE, NY 10950	03
		= = = = :
(Use attachment if necessa	ry)	3: 32 Lokib,
(If an effective date is listed, the da the date of filing.)	iny.	ss days prior to or 90 days after
REQUIRED SIGNATUR	My Mush	
This docu Lam awar	mature of a member or an authorized representative of ment is executed in accordance with section 605.0203 (1) that any false information submitted in a document to the sa third degree felony as provided for in s.817.155, F.S. Typed or printed name of signee	(b), Florida Statutes.
	ryped or printed name or 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 (Co.)

\$ 5.00 Certificate of Status (Optional)