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Florida Department of State  
Division of Corporations  
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FLORIDA LIMITED LIABILITY CO.  
SOUTHERN OAKS MM LLC

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10/25/2021 6:18:22 PM PAGE 1/001 Fax Server



October 25, 2021

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

INTERSTATE FILINGS LLC

SUBJECT: SOUTHERN OAKS MM LLC  
REF: W21000141000

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

If you have any questions concerning the filing of your document, please call (850) 245-6052.

DANIEL L O'KEEFE  
Regulatory Specialist IIFAX Aud. #: H21000396862  
Letter Number: 021A00025984

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

SOUTHERN OAKS MM LLC

(Must end with the words "Limited Liability Company," "LLC," or "LLC.")

## ARTICLE II - Address:

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

Principal Office Address:233 ROUTE 59, SUITE 208  
NANUET, NY 10954Mailing Address:233 ROUTE 59, SUITE 208  
NANUET, NY 10954

## ARTICLE III - Registered Agent, Registered Office, &amp; 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:

Steven Neuman

Name

5900 Park Hamilton BlvdFlorida street address (P.O. Box **NOT** acceptable)OrlandoFL32808

City

State

Zip

FALLAHASSEE, FLORIDA

2021-10-26 AM 10:53

J.D.



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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

(((H21000396862 3)))

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**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

AUTHORIZED PERSON

**Name and Address:**

STEVEN NEUMAN

5900 Park Hamilton Blvd

Orlando, FL 32808

(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.

STEVEN NEUMAN

Typed or printed name of signee

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