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DATE: 12/21/21

NAME: 167 BIRCHWOOD LLC

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AUTHORIZATION: ABBIE/PAUL HODGE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

167 BIRCHWOO			
(Must o	contain the words "Limited I	Lisbility Company,	"L.L.C.," or "LLC.")
ARTICLE II - Address:			
The mailing address and stre	et address of the principal of	ffice of the Limited	Liability Company is:
Pris	sciosi Offico Address:		Malling Address:
167 Birchwood I	Or	1224	Londonderry Cir.
Palm Coast, FL 3	12137	Örm	ond Beach, FL 32174
The Limited Liability Comp		Registered Agent.	at's Signature: You must designate an individual o
(The Limited Liability Companether business entity with	any cannot serve as its own an active Florida registration set address of the registered	Registered Agent. 'n.)	
(The Limited Liability Companether business entity with	any cannot serve as its own an active Florida registration	Registered Agent. 'n.) agent are:	
(The Limited Liability Companether business entity with	any cannot serve as its own an active Florida registration set address of the registered	Registered Agent. 'n.)	
(The Limited Liability Companether business entity with	any cannot serve as its own an active Florida registration set address of the registered	Registered Agent. n.) agent are:	
(The Limited Liability Companether business entity with	any cannot serve as its own an active Florida registration ext address of the registered Ewelina Woszczak	Registered Agent. 'n.) agent are: Name	You must designate an individual or
(The Limited Liability Companether business entity with	any cannot serve as its own an active Florida registration eet address of the registered <u>Bwelina Woszczak</u> 1224 Londonderry Ci	Registered Agent. 'n.) agent are: Name	You must designate an individual or

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..

(CONTINUED)

2021 DEC 21 AMII: 37

<mark>litle:</mark> 'AMBR" - Authorized Member	Name and Address:
MGR* = Manager	
AMBR	Ewolina Woszczak
	50 Douglas Dr.
	East Meadow, NY 11554
AMBR	Tomssz Woszczak
	50 Douglas Dr.
	East Messiow, NY11554
(Use attachment if necessary)	
LV: Effective date, if other than ctive date is listed, the date mm f filleg.)	•
LV: Effective date, if other than ctive date is listed, the date mm f filleg.)	at be specific and cannot be more than five business days prior to or 90 se not meet the applicable statutory filing requirements, this date will no
LV: Effective date, if other than citive date is listed, the date in filling.) the date inserted in this block do nent's effective date on the Depr	at be specific and cannot be more than five business days prior to or 90 on not meet the applicable statutory filing requirements, this date will no
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EV: Effective date, if other than ctive date is listed, the date confidency) the date inserted in this blook do nent's effective date on the Deput of the Other provisions, if any. REQUIRED SIGNATURE: Signature This document is 1 am aware that a	ce not meet the applicable statutory filing requirements, this date will no artiment of State's records. Lie

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