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| To: | | | |
| | Division of Corporations Fax Number : (850)617-6381 | | · · 20 |
| From: | | | 2022 FEB |
| | Account Name : COMITER & SIN Account Number : I20000000085 | GER, LLP | EB 16 |
| | Phone : (561)626-4742 Fax Number : (561)626-4742 | | 8 6 |
| | Account Name : COMITER & SIN Account Number : I20000000085 Phone : (561)626-4742 Fax Number : (561)626-4742 The email address for this busin nual report mailings. Enter only | | т. Т . |
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| 22 1085 | FLORIDA LIMITED | LIABILITY CO. | |
| PH 4: 22 | 33 Sydney Ros | ad, LLC | |
| | Certificate of Status | 0 | |
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| 2022 | Estimated Charge | \$155.00 | |
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COVER LETTER

TO: New Filling Section Division of Corporations

33 Sydney Road, LLC SUBJECT:

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Alan H. Baseman, Esq.

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| EB II |
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For further information concerning this matter, please call:

| Alan H. Baseman | 561 | 626-2101 |
|-----------------|-----------|--------------------------|
| | _at (|) |
| Name of Person | Area Code | Daytime Telephone Number |

Enclosed is a check for the following amount:

□\$125.00 Filing Fee

e 🗆 \$130.00 Filing Fee & Certificate of Status

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S155.00 Filing Fee & Certified Copy (additional copy is enclosed) S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailling Address

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED MABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

33 Sydney Road, LLC

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

ARTICLE IJ - Address:

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

| Principal Office Address: | Maillog Address | |
|---------------------------|-------------------|--|
| 436 Mariner Drive | 436 Mariner Drive | |
| Jupiter, FL 33477 | Jupiter, FL 33477 | |

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 aotive Florida registration.)

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

| Comiter, Singer, Basen | nan & Braun, LLI | P | 2 FE |
|--------------------------|-----------------------|------------|--------|
| | Name | | EB I |
| 3825 PGA Bivd, Suite | 701 | | 67 B |
| Florida street address (| P.O. Box <u>NOT</u> a | eceptable) | |
| Palm Beach Gardens | FL | 33410 | |
| City | State | Zip | NT: 53 |
| | | | |

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 far in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV-

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

| Title: | Name and Address: | | |
|--|---|---------------------------|-----------|
| "AMBR" = Authorized Member "MGR" = Manager | | | |
| <u>MOR</u> | Joseph A. Esposito 436 Manner Drive Jupiter, FL 33477 | | |
| | | | - |
| | | | _ |
| | | ; | - 2022 F |
| | | | |
| (Use attachment if necessary) | | 2 | Ξ Π |
| ARTICLE V: Effective date, if other than the date (If an effective date is listed, the date must be sp the date of filing.) Note: If the date inserted in this block does not a | | siness days prior to or 9 | daşşafter |
| the document's effective date on the Department | of State's records. | | |
| ARTICLE VI: Other provisions, if any. | | | |
| | | | |

REOUIRED SIGNATURE; Buseman **ley** ts

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.

Alan H, Basoman, Esq. (Authorized Representative) Typed or printed name of signee

Filing Fees:

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- 5 5.00 Certificate of Status (Optional)