

# 1220000104954

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H22000094815 3))



H220000948153ABC

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.**  
Doing so will generate another cover sheet.

To:

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

From:

Account Name : FILE RIGHT LLC  
Account Number : 120170000091  
Phone : (718) 373-5811  
Fax Number : (718) 732-4530

*Handwritten signature and date 3/15/22*

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

Email Address: Sales@fileacorp.com

## FLORIDA LIMITED LIABILITY CO.

3160 NW 63 LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

2022 MAR 14 AM 10:21

2022 MAR 14 AM 10:02

Electronic Filing Menu

Corporate Filing Menu

Help

Fax Reference: H22000094815 3

## COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: 3160 NW 63 LLC  
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:

Name of Person  
FILE RIGHT LLC  
Firm/Company  
5314 16TH AVENUE SUITE 139  
Address  
BROOKLYN, NY 11204  
City/State and Zip Code  
sales@fileacorp.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sara at ( 718 ) 878-5811  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional 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  
Division of Corporations  
Chilton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

2022 MAR 14 AM 10:02  
FILED

Fax Reference: H22000094815 3

Fax Reference: H22000094815 3

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - Name:**

The name of the Limited Liability Company is:

3160 NW 63 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:****Mailing Address:**1318 48TH STREET  
BROOKLYN, NY 112191318 48TH STREET  
BROOKLYN, NY 11219**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:

BUSINESS FILINGS INCORPORATED

Name

1200 SOUTH PINE ISLAND ROADFlorida street address (P.O. Box **NOT** acceptable)PLANTATIONFL33326

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 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..*

/ s / Brenna Lutter

Registered Agent's Signature (REQUIRED)

(CONTINUED)

2022 MAR 14 AM 10:02  
FALL

Fax Reference: H22000094815 3

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

**Name and Address:**

SARA BLUMENBERG

1318 48TH STREET

BROOKLYN, NY 11219

(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:**

\_\_\_\_\_/s/ SARA BLUMENBERG

**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.

\_\_\_\_\_  
SARA BLUMENBERG

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)

\$ 5.00 Certificate of Status (Optional)

2022 MAR 14 AM 10:02  
FILED

Fax Reference: H22000094815 3