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.

(((H22000096376 3)))



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 : ALLSTATE CORPORATE SERVICES CORP

Account Number : 120040000031

: (800)906-9220

Phone Fax Number

: (800)906-9880

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

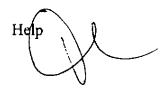
Fmail	Address:			
Ciuditi	Auul ess:			

FLORIDA LIMITED LIABILITY CO. Opera Tower 1712 LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

Electronic Filing Menu

Corporate Filing Menu



Š

(((H22000096376 3)))

ANTICLES			
ARTICLE 1 - Name: The name of the Limited Lia	bility Company is:		
Opera Tower 171	2 LLC		
(Must o	contain the words "Limited	Liability Comp	any, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and stre	et address of the principal c	office of the Lir	nited Liability Company is:
<u>Prin</u>	cipal Office Address:		Mailing Address:
29 S Central Ave	, Valley Stream, NY 11580	<u> </u>	29 S Central Ave, Valley Stream, NY 115
ARTICLE III - Registered	Agent, Registered Office,	& Registered	Agent's Signature:
ARTICLE III - Registered (The Limited Liability Companother business entity with The name and the Florida str	any cannot serve as its owr an active Florida registration	i Registered Ag on.)	
(The Limited Liability Companother business entity with	eany cannot serve as its owr an active Florida registration ect address of the registered	i Registered Agon.) d agent are:	Agent's Signature:
(The Limited Liability Comp another business entity with	any cannot serve as its owr an active Florida registration	i Registered Agon.) d agent are:	Agent's Signature:
(The Limited Liability Companother business entity with	eany cannot serve as its owr an active Florida registration ect address of the registered	Registered Agon.) d agent are: lutions, Inc. Name	Agent's Signature:
(The Limited Liability Companother business entity with	eany cannot serve as its owr an active Florida registration eet address of the registered Registered Agent So	Registered Agon.) d agent are: lutions, Inc. Name Suite A	Agent's Signature: ent. You must designate an individual or
(The Limited Liability Companother business entity with	eany cannot serve as its owr an active Florida registration eet address of the registered Registered Agent So 155 Office Plaza Dr.	Registered Agon.) d agent are: lutions, Inc. Name Suite A	Agent's Signature: ent. You must designate an individual or

Ho

(((H22000096376 3)))

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:		
AMBR	Henry Nicuchowicz 29 S Central Ave Valley Stream, NY 11580		
(Use attachment if necessary)			
TICLE V: Effective date, if other than the effective date is listed, the date must late of filing.)	ne date of filing:	ys prior to or 90 o	20:
FICLE V: Effective date, if other than the effective date is listed, the date must date of filing.) e: If the date inserted in this block does	be specific and cannot be more than five business da s not meet the applicable statutory filing requirements,	ys prior to or 90 o	be listed
TICLE V: Effective date, if other than the effective date is listed, the date must date of filing.) e: If the date inserted in this block does document's effective date on the Department.	be specific and cannot be more than five business da s not meet the applicable statutory filing requirements, tment of State's records.	ys prior to or 90 o	20:
FICLE V: Effective date, if other than the effective date is listed, the date must date of filing.) Let: If the date inserted in this block does document's effective date on the Department.	be specific and cannot be more than five business da s not meet the applicable statutory filing requirements,	ys prior to or 90 o	202EMAR
FICLE V: Effective date, if other than the effective date is listed, the date must date of filing.) Let: If the date inserted in this block does document's effective date on the Department.	be specific and cannot be more than five business da s not meet the applicable statutory filing requirements, tment of State's records.	ys prior to or 90 (2022 MAR 15 AM 9: 1
FICLE V: Effective date, if other than the effective date is listed, the date must date of filing.) e: If the date inserted in this block doe document's effective date on the Department of the date of the Department of the provisions, if any.	be specific and cannot be more than five business da s not meet the applicable statutory filing requirements, tment of State's records.	ys prior to or 90 (2022 MAR 15 AM
CICLE V: Effective date, if other than the effective date is listed, the date must late of filing.) e: If the date inserted in this block doe document's effective date on the Departicle VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of This document is I am aware that an	be specific and cannot be more than five business da s not meet the applicable statutory filing requirements, tment of State's records.	this date will not this date will not this date will not this series of the series of	2022 MAR 15 AM 9: 1
ricle V: Effective date, if other than the effective date is listed, the date must date of filing.) e: If the date inserted in this block doe document's effective date on the Departicle VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of This document is I am aware that an	Seven Weiss of a member or an authorized representative of a me executed in accordance with section 605.0203 (1) (b), by false information submitted in a document to the Department of the Depa	this date will not this date will not this date will not this series of the series of	2022 MAR 15 AM 9: 1
TICLE V: Effective date, if other than the effective date is listed, the date must date of filing.) te: If the date inserted in this block doe document's effective date on the Departicle VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of This document is I am aware that an constitutes a third	Steen Weiss of a member or an authorized representative of a me executed in accordance with section 605.0203 (1) (b), by false information submitted in a document to the Department of the provided for in s.817.155, F.S.	this date will not this date will not this date will not this series of the series of	2022 MAR 15 AM 9: 1