# 122000109494

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2022 MAR 16 PM

RETARY OF STATE

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE: 552757 7724781

AUTHORIZATION :

COST LIMIT :

ORDER DATE: March 15, 2022

ORDER TIME : 10:26 AM

ORDER NO. : 552757-005

CUSTOMER NO: 7724781

### DOMESTIC FILING

NAME: M TAYLOR 2022 FLORIDA LLC

### EFFECTIVE DATE:

ARTICLES OF INCORPORATION \_ CERTIFICATE OF LIMITED PARTNERSHIP XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_ CERTIFIED COPY XX PLAIN STAMPED COPY \_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland - EXT.

EXAMINER'S INITIALS:

# COVER LETTER

	lew Filing Se Division of Co						
SUBJECT		2022 Florida LLC					
30032.01	·	Name	of Lin	nited Liabi	lity Company		
The enclos	sed Articles o	f Organization and fe	e(s) ar	e submitted	I for filing.		
Please retu	ırn all corresp	ondence concerning	:his ma	atter to the	following:		
	Maurice R.	Kassimir					
				Name of	Person		
	Maurice Ka	ssimir & Associates,	P.C.				
				Firm/Co	mpany		
	1375 Broad	way, 23rd Floor					
				Addr	ess		
	New York,	NY 10018					FAL SE
	mkassimir@i	nkpclaw.com	С	ity/State an	d Zip Code		SECRE!
			e used	for future a	annual report notificat	ion)	
For further in	nformation co	ncerning this matter,	please	call:			
	Maurice R. k	Cassimit	21 at (	2	944-1377		of STATE
	Nan	e of Person	Aı	rea Code	Daytime Telephor	ne Number	₹>
Enclosed is	a check for t	he following amount					
	Filing Fee	□\$130.00 Filing I Certificate of Stat	ee &	Certifi	5.00 Filing Fee & ed Copy al copy is enclosed)	□\$160.00 Fil Certificate of Certified Cop (additional copy	Status & Y
	New F Divisio P.O. B	ng Address iling Section on of Corporations ox 6327 assec, FL 32314			Street Address New Filing Section D The Centre of Tallah 2415 N. Monroe Stre Tallahassee, FL 3230	assee et, Suite 810	

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liabilit	y Company is:				
M Taylor 2022 Florid		Liability Company	, "L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street ad			·		
Principa	l Office Address:		Mailing Address:		
ill Crandon Blvd., A Key Biscayne, Florid		Sarr	ne		
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a	cannot serve as its ow	n Registered Agent.	nt's Signature: You must designate an individual or		
The name and the Florida street a	ddress of the registere	d agent are:			
	Corporation Service	Company Name			
1201 Hays Street Florida street address (P.O. Box NOT acceptable)					
	Tallahassee	FL	32301		
	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..

Corporation Service Company

By Clean's Walprod, assistant vo present

Registered Agent's Signature (REQUIRED)

(CONTINUED)

## ARTICLE IV-

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

Title: "AMBR" = Authorized Member	Name and Address:					
"MGR" = Manager <u>MGR</u>	Alex Shapeses, c/o Summit Trail Advisors  2 Grand Central Tower, 140 E, 45th Street, 28th Floor  New York, NY 10017					
(Use attachment if necessary)						
(If an effective date is listed, the date must be spetthe date of filing.)  Note: If the date inserted in this block does not me the document's effective date on the Department of	of filing:					
ARTICLE VI: Other provisions, if any.						
REQUIRED SIGNATURE:	2022 H					
This document is execute I am aware that any false	mber or an authorized representative of a member, ed in accordance with section 605.0203 (1) (b), Florida Statutes information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.					
Maurice R. Kassin	relony as provided for in s.817.155, F.S.  rir. 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)

- \$ 5.00 Certificate of Status (Optional)