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(((H22000116464 3)))



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To:

Division of Corporations

Fax Number : (850) 617-6381

From:

Account Name : FILE RIGHT 1LC Account Number : 120170000091 Phone : (718)876-5611 Fax Number : (718)732-4580

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. 26 REALTY WOODLAND LLC

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Help

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COVER LETTER

From, Mark Fuchs

	New Filing Secti Division of Corp						
SUBJEC		WOODLAND LLC					
SUBJEC	· I :	Name of I	Limited Liabili	y Company		_	
The enclo	osed Articles of C	Organization and fcc(s)	are submitted	for filing,			
Please re	turn all correspon	idence concerning this	matter to the fe	ollowing:			
			Name of	Person			
	FILE RIGHT	LLC					
			Firm/Co	npany			
	5314-16TH A	VENUE SUITE 139					
			Addre	ess			
	BROOKLYN	NY 11204					
	sales@fileacor	p.com	City/State an	d Zip Code			
	E.	-mail address: (to be us	sed for future a	nnual report notificati	ion)		
For furthe	r information con	cerning this matter, ple	ease call:				
	Sara	at	718	878-5811		_	
	Name	of Person	Area Code	Daytime Telephon	e Number		
Enclosed	I is a check for th	e following amount:					
\$125.00	Filing Fee	\$130.00 Filing Fee & Certificate of Status	∟ ∪ _{Cenifi}	0 Filing Fee & [ed Copy al copy is enclosed)	Cenifica Centified	l copy is enclos	
	New Fi Divisio P.O. Bo	gAddress ling Section n of Corporations ox 6327 issee, FL 32314		StreetAddress New Filing Section Division of Corporate Clifton Building 2664 Executive Center Tallahassee, FL 3230	er Circle	HAR 30 AH 8: 02	FILED

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2022-03-30 16:11:57 GMT

17187959036

From: Mark Fuchs

Fax Reference: 1122000116464-3

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

26 REALTY WOODLAND 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:

747 CHESTNUT RIDGE ROAD, SUITE 202 SPRING VALLEY, NY 10977 747 CHESTNUT RIDGE RD, SUITE 202 SPRING VALLEY, NY 10977

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 FILING	S INCO <u>rporati</u>	ED
	Name	
1200 SOUTH PINE	ISLAND ROAD	
Florida street address	s (P.O. Box <u>NOT</u> a	icceptable)
PLANTATION	FL	33326

PLANTATION FL 33326

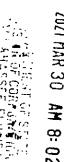
City State Zip

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, Thereby 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)



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Fax Reference: H22000116464-3

Ta: +18506176383

"AMRR" ≡ .	Authorized Member	Name and Address:
"MGR" = M		
AMBR		YEDIDYA BLAU
		20 DALE ROAD AIRMONT, NY 10952
		AIR.(10.541, 14.1 10.52
	_	
		
		
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