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Phone: 850-558-1500 ACCOUNT NO. : I2000000195 REFERENCE: 581386 7704032 AUTHORIZATION: Sould le man COST LIMIT : \$ 125.00 ORDER DATE: March 30, 2022 ORDER TIME : 2:11 PM ORDER NO. : 581386-005 CUSTOMER NO: 7704032 DOMESTIC FILING NAME: SEC 1996 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

EXAMINER'S INITIALS:

CONTACT PERSON: Alexxis Weiland - EXT.

CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301

COVERLETTER

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SUBJEC	SEC 1996	LLC			
03000	••		e of Limited L	iability Company	
The enclo	sed Articles of	Organization and fe	ee(s) are subm	itted for filing.	
Please reti	urn all correspo	ondence concerning	this matter to	the following:	
	David J. Rit	ter, Esq.			
			Nan	ne of Person	
	c/o Brach E	ehler L.L.C.			
		<u> </u>	Firn	1/Company	
	101 Eisenho	wer Parkway			
		<u> </u>	/	Address	
	Roseland, N	ew Jersey 07068			
	d.amiel@whi	etoque.com	City/Stat	e and Zip Code	
		· · · · · · · · · · · · · · · · · · ·	e used for futi	are annual report notificat	lion)
For further i	nformation co	ncerning this matter	, please call:		
	David J. Ritte	er, Esq.	973 _at (228-5700	
	Nam	e of Person	Area Cod	 '	
Enclosed i	s a check for ti	ne following amount	ı .		
) Filing Fee	□\$130.00 Filing Certificate of Stat	Fee & 🔲	\$155.00 Filing Fee & rtified Copy tional copy is enclosed)	☐S160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	New Fi Divisio P.O. Bo	g Address ling Section n of Corporations ox 6327 ssee, FL 32314		Street Address New Filing Section D The Centre of Tallah 2415 N. Monroe Stre Tallahassee, FL 3230	assee et. Suite 810

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

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The name of the Limited Liability Company is:	SECRETAR TALLAHA
SEC 1996 LLC	иссипа
(Must conatin the words "Limited Liabi	lity 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:
11 Enterprise Avenue North	il Enterprise Avenue North
Secaucus, New Jersey 07094	Secaucus, New Jersey 07094
ARTICLE III - Registered Agent, Registered Office, & Re (The Limited Liability Company cannot serve as its own Registerother business entity with an active Florida registration.)	egistered Agent's Signature: istered Agent. You must designate an individual or
The name and the Florida street address of the registered ager	nt are:
Corneration Service Com	*****

Corporation Service Company Name 1201 Havs Street Florida street address (P.O. Box NOT acceptable) <u>Tallahassee</u> 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

leibred, assistent va president 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: Name and Address: "AMBR" = Authorized Member "MGR" = Manager <u>AMBR</u> SEC, LLC 11 Enterprise Avenue North Secaucus, New Jersey 07094 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: (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. REOUIRED SIGNATURE: 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.

David J. Ritter, Esq.

Typed or printed name of signee

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.

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)