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(((H22000127414 3)))



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Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : HUBCO

Account Number : 104662003400

Phone Fax Number : (516)935-3940 : (516)935-3088

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

GAY@MCCOADVISORS.COM Email Address:

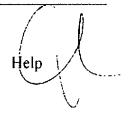
FLORIDA LIMITED LIABILITY CO.

185 Honeysuckle LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130,00

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

185 H	oneysuckie LLC
(Must end with the wor	ds "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:
185 Honeysuckle Drive	185 Honeysuckle Drive
Jupiter, FL 33458	Jupiter, FL 33458
	red Office, & Registered Agent's Signature: e as its own Registered Agent. You must designate an individ- a registration.)
The name and the Florida street address of the	e registered agent are:
Hubco Register	ed Agent Services, Inc. Name
455 Office Diez	a Drive 1st Floor

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 tion 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.

32301 Zip

Registered Agent's Signature (REQUIRED)

Florida street address (P.O. Box NOT acceptable)

City

Tallahassee

Bruce B. Hubbard

(CONTINUED)

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<u>Title:</u> "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager AMBR	Mike Kogan	
	408 Woodland Avenue Point Pleasant, NJ 08736	
AMBR	Debbie Kogan	
	408 Woodland Avenue Point Pleasant, NJ 08736	
(Use attachment if necessary)		
FICLE V: Effective date, if other than the da	ate of filing: (OPTIONAL)	
FICLE V: Effective date, if other than the da in effective date is listed, the date must be	ate of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90 d	-
FICLE V: Effective date, if other than the date in effective date is listed, the date must be adate of filing.)		2022
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TICLE V: Effective date, if other than the date is listed, the date must be state of filing.) TICLE VI: Other provisions, if any.	specific and cannot be more than five business days prior to or 90 d	. 2022 APR 7
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TICLE V: Effective date, if other than the date in effective date is listed, the date must be state of filing.) TICLE VI: Other provisions, if any. REQUIRED SIGNATURE. Signature of all (In accordance with section constitutes an affirmation I am aware that any false)	parameter or an authorized representative of a member. In an end of this document or under the penalties of perjury that the facts stated herein are true, information submitted in a document to the Department of State	. 2022 APR
TICLE V: Effective date, if other than the date in effective date is listed, the date must be adate of filing.) TICLE VI: Other provisions, if any. REQUIRED SIGNATURE. Signature of 11 (In accordance with section constitutes an affirmation I am aware that any false	paramber or an authorized representative of a member. on 605.0203 (1) (b), Florida Statutes, the execution of this document or under the penalties of perjury that the facts stated herein are true.	. 2022 APR 7

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