L22000154321

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : FILE RIGHT LLC
Account Number : I20170000091
Phone : (718)878-5611
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: _____

2022 APR 12 AM 11:52

FLORIDA LIMITED LIABILITY CO.
MOD 1170 LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	$125.00

2021 APR 12 AM 12:29

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COVER LETTER

TO: **New Filing** Section
Division of Corporations

SUBJECT: MOD 1170 LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Name of Person

FILE RIGHT LLC
Firm/Company

5314 16TH AVENUE SUITE 139
Address

BROOKLYN, NY 11204
City/State and Zip Code

sales@fileacorp.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sara at (718) 878-5811
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- [x] $125.00 Filing Fee
- [ ] $130.00 Filing Fee & Certificate of Status
- [ ] $155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- [ ] $160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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Mailing Address:
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name
The name of the Limited Liability Company is

MOD 1170 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
199 LEE AVENUE, SUITE 1037	POB 546860
BROOKLYN, NY 11211	SURFSIDE FL, 33154

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 a street address in Florida to serve as registered agent.)

The name and the Florida street address of the registered agent are

HANNY LERNER
Name

250 95TH STREET, SUITE 546860
Florida street address (P.O. Box NOT acceptable)

SURFSIDE	FL	33154
City	State	Zip

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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.

/ s / Hanny Lerner
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV:

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

Title	Name and Address
"AMBR" = Authorized Member "MGR" = Manager AMBR	CHANA LERNER 199 LEE AVENUE, SUITE 1037 BROOKLYN, NY 11211

(Use attachment if necessary)

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ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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

REQUIRED SIGNATURE:

/s/ Chana Lerner

Signature of a member or an authorized representative of a member

This document is executed in accordance with section 605.0203 (1) (e), Florida Statutes. 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.

CHANA LERNER

Typed or printed name of signer

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)