

4/21/22, 3:03 PM

Division of Corporations  
Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

# L22000166897

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000145178 3)))



H220001451783ABC/

**Note: DO NOT** hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From:  
Account Name : INTERSTATE FILINGS LLC  
Account Number : I20110000086  
Phone : (718)569-2703  
Fax Number : (718)504-7890

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

Email Address: ORDERS@INTERSTATEFILINGS.COM

RECEIVED

2022 APR 21 PM 4:08

DIVISION OF CORPORATIONS  
FLORIDA DEPARTMENT OF STATE  
COMMERCIAL SERVICES

**FLORIDA LIMITED LIABILITY CO.  
J&S 6590 REALTY LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

FLORIDA DEPT. OF STATE

2023 APR 21 PM 1:56

RECEIVED

[Electronic Filing Menu](#)[Corporate Filing Menu](#)[Help](#)

(((H22000145178 3)))

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

J&S 6590 REALTY LLC

(Must end with 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:1043 EAST 12TH STREET  
BROOKLYN NY 112301043 EAST 12TH STREET  
BROOKLYN NY 11230

## ARTICLE III - Registered Agent, Registered Office, &amp; 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:

SHMUEL MOR

Name

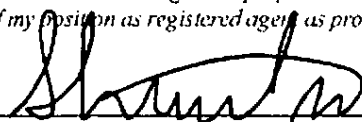
6590 ARTHUR STREETFlorida street address (P.O. Box **NOT** acceptable)HOLLYWOODFL33024

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.



Registered Agent's Signature (REQUIRED)

2023 APR 21 PM 1:56  
FILED  
STATE OF FL

FILED

(CONTINUED)

Page 1 of 2

(((H22000145178 3)))

{{(H22000145178 3)}}}

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager  
Member

**Name and Address:**

SHMUEL MOR

6590 ARTHUR STREET

HOLLYWOOD, FLORIDA 33024

(Use attachment if necessary)

**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 filed as the document's effective date on the Department of State's records

**ARTICLE VI:** Other provisions, if any:

**REQUIRED 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. 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.

SHMUEL MOR

Typed or printed name of signer

{{(H22000145178 3)}}}