L22000169746

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



100385389701

2022 APR 22 AM 11: 39

RECEIVED

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312 (850) 656-4724

DATE <u>4-22-22</u>			**WALK IN**
ENTITY NAME 5525 SV	W 41 ST Pembroke LLC		
DOCUMENT NUMBER_			
	PLEASE FILE THE ATT	ACHED AND RETURN	
	Plain Copy		
XXXX	Certified Copy		
	Certificate of Status		
/	PLEASE OBTAIN THE FOLLOWI	ING FOR THE ABOVE ENTITY	
	Certified Copy of Arts & Amen	dments	
	Certified Copy of Arts & Amen	duents Complete File (Including Annual Rep	orts)
	Certificate of Status		
 	Certificate of Status Reflecting;		·
	APOSTILLE' / NOTAK	PHAL CERTIFICATION	
COUNTRY OF DESTINATION	DN		
NUMBER OF CERTIFICATE			_
TOTAL OWED \$ / 5°	5	ACCOUNT # 120140000108 United Corporate Services, Inc. Thank you so	thepparl
Please call Tina at the	above number for any issu	nes or concerns. Thank you so	mach!

COVER LETTER

	New Filing Section Division of Corporations		
SUBIEC	T: 5525 SW 41 ST Pembroke L	LC	
SUBJEC		nited Liability Company	.
The enclo	sed Articles of Organization and fee(s) are	submitted for filing.	
Please ret	urn all correspondence concerning this ma	tter to the following:	
	Dolores Burton		
		Name of Person	
	United Corporate Services, In	C .	
		Firm/Company	
	100 State Street, Suite 800		
		Address	
	ALBANY NY 12207	<u> </u>	
		ity/State and Zip Code	
	aaron@rosewoodrg.com	for future annual report notification	20)
		•	on)
For further	information concerning this matter, please	call:	
	(,	
	Name of Person Ar	ea Code Daytime Telephone	· Number
Enclosed	is a check for the following amount:		
□\$125.00	0 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)
	Mailing Address	Street Address	
	New Filing Section	New Filing Section Div	
	Division of Corporations P.O. Box 6327	The Centre of Tallaha 2415 N. Monroe Stree	
	Tailahassee, FL 32314	Tallahassee, FL 32303	•

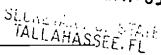
ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED

ARTICLE I - Name:

The name of the Limited Liability Company is:

2022 APR 22 AM 11: 39



5525 SW 41 ST Pembroke 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:	
	38 East 29th Street, 5th Floor, New York, NY 100	6	38 East 29th Street, 5th Floor, New York, NY 10016	
(The Lin	LE III - Registered Agent, Registered Office, & Re nited Liability Company cannot serve as its own Regis business entity with an active Florida registration.)			
The nan	ne and the Florida street address of the registered agen	t are:		
	United Corporate Services	i, Inc.		
	Nan	ne		
	3458 Lakeshore Drive			
	Florida street address (P.C	Florida street address (P.O. Box NOT acceptable)		
	Tallahassee	FIL	32312	
	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..

Michael A. Barr

Registered Agent's Signature (REQUIRED)

Michael A. Barr, President

(CONTINUED)

	Name and Address: = Authorized Member	
"MGR" AMI	Manager Aaron Jungreis 38 East 29th Street, 5th Floor, New York, NY 10016	
		
	SEL APR	
<u></u>	22 AM	J 6
(Use att	hment if necessary)	****
If an effective da he date of filing. Note: If the date the document's e	ctive date, if other than the date of filing:	
DEOU	ED SIGNATURE.	
KEOUI	ED SIGNATURE: /s/ Aaron Jungreis	
	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.	
	Aaron Jungreis	
	Typed or printed name of signee	

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

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)