

L22000175507

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

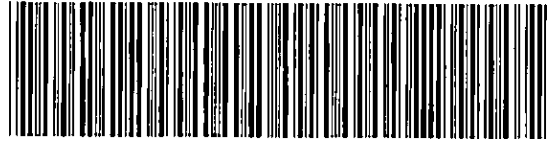
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2022 APR 27 AM 9:06

STATE
TALLAHASSEE, FL
1D

RECEIVED

2022 APR 27 PM 3:11

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312

(850) 656-4724

DATE 4/27/2022

****WALK IN****

ENTITY NAME FLORIDA-LEWIS LLC

DOCUMENT NUMBER _____

****PLEASE FILE THE ATTACHED AND RETURN****

XXXXXXX

Plain Copy

Certified Copy

Certificate of Status

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY****

Certified Copy of Arts & Amendments

Certified Copy of Arts & Amendments Complete File (Including Annual Reports)

Certificate of Status

Certificate of Status Reflecting: _____

****APOSTILLE / NOTARIAL CERTIFICATION****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED \$ 125.00

ACCOUNT # 120160000072

Please call Tina at the above number for any issues or concerns. *Thank you so much!*

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

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SECRETARY OF STATE
TALLAHASSEE, FL

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Article I

The name of the Limited Liability Company is:

FLORIDA-LEWIS LLC

Article II

The street address of the principal office of the Limited Liability Company is:

421 Lido Drive
Fort Lauderdale, FL 33301

The mailing address of the Limited Liability Company is:

65 S. Columbus Avenue
Freeport, NY 11520

Article III

The name and Florida street address of the registered agent is:

Lewis Okin
421 Lido Drive
Fort Lauderdale, FL 33301

Having been named as registered agent and to accept service of process for the above states 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.

Registered Agent Signature: s/Lewis Okin

Article IV

The name and address of the person(s) authorized to manage LLC:

AMBR
Lewis Okin
421 Lido Drive
Fort Lauderdale, FL 33301

Article V

The effective date for this Limited Liability Company shall be:

4/27/2022

Article VI

Other provisions, if any:

Signature of member or an authorized representative

Dated: April 27, 2022

s/Scott J. Schuster

Scott J. Schuster, Authorized Representative

I am the member or authorized representative submitting these Articles or Organization and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.

FILED
2022 APR 27 AM 9:06
SECRETARY OF STATE
TALLAHASSEE, FL