

Division of Corporations

**L22000182042**  
Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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**FLORIDA LIMITED LIABILITY CO.  
1551 1st Street South LLC**

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

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Corporate Filing Menu

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May 2, 2022

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RASI

SUBJECT: 1551 1ST STREET SOUTH LLC  
REF: W22000057052

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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Matthew T Moon  
Regulatory Specialist II Supervisor  
New Filing Section

FAX Aud. #: H22000156267  
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RECEIVED  
MAY 3 2022  
11:10 AM  
TALLAHASSEE, FL

2022 MAY -3 AM 11:10

RECEIVED

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is

1551 1st Street South 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:

48 Country Drive

Plainview NY 11803

Mailing Address:

48 Country Drive

Plainview NY 11803

## 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

Registered Agent Solutions, Inc.

Name

155 Office Plaza Drive, Suite A

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

Tallahassee

FL

32301

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.

Jose Mojica Asst Sec

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

**Name and Address:**

Paul Brown

48 Country Drive

Plainview NY 11803

AMBR

Steven Rabinovici

48 Country Drive

Plainview NY 11803

(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 listed as the document's effective date on the Department of State's records

ARTICLE VI: Other provisions, if any

**REQUIRED SIGNATURE:**

*Veronica Gonzalez*

**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.

Veronica Gonzalez

Typed or printed name of signee

**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)

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