

05/10/2022 - 11:45

(FAX)

P.001/003

5/10/22, 12:36 PM

Division of Corporations

L22000191419

Florida Department of State
Division of Corporations
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To:

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Fax Number : (850)617-6381

From:

Account Name : GLENN D. STORCH, PA
Account Number : I20200000127
Phone : (386)238-8383
Fax Number : (386)238-0988

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

Email Address: Joey @ StorchLawfirm.com

**FLORIDA LIMITED LIABILITY CO.
OHTC Development LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2022 MAY 10 AM 11:53

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CORPORATIONS
COMMERCIAL
SERVICES

D. O'KEEFE

MAY 11 2022

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

OHTC Development, 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:420 S. Nova RoadDaytona Beach, FL 32114**Mailing Address:**420 S. Nova RoadDaytona Beach, FL 32114**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 an active Florida registration.)

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

Storch Law Firm

Name

420 S. Nova RoadFlorida street address (P.O. Box **NOT** acceptable)Daytona BeachFL32114

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)

(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

Name and Address:

MGR

Sheldon Salzman

White Park House-White Park Road

St. Michael, NA 1135 BB

MGR

Shaul Braun

1555 E. 7th Street

Brooklyn, NY 11230

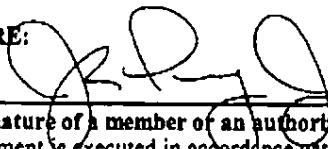
(Use attachment if necessary)

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:


Signature of a member of 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.

A. Joseph Posev

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)

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TALLAHASSEE, FLORIDA

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