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17183041175

From; Alexander Englard

5/12/22, 11:05 AM



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		(((H22000170322 3)))		s, <b>≰</b>	•	<b>'</b> #;	
	•	ATION FOR FLORIDA LIMIT	EDLIABIL	ЛYCOMPANY *	9	•	
ARTICLE I - Nat The name of the Li	ni) inited Liability Compan	y is	.:				· ·
Arba L	iving LLC (Must end with the w	ords "Limited Liability Comp	any "110	C " or "LL(")			
ARTICLE II - Ad The mailing addres		ne principal office of the Lim	ted Liabili	ty Company is:			
	Principal Office A	Address:		Mailing Addres	<b>\$</b> :		
	ancey Street otk, NY 10002		S Delance √ew York,	v Street NY 10002	_		
(The Limited Liabi		ered Office. & Registered A ve as its own Registered Age da registration.)			ridual o	1	

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

Interstate Agent Ser	vices, LLC	
	Name	
100 SE 2nd Street S	uite 2000 #209	
Florida street addres	ss (P.O. Box <u>NOT</u> a	cceptable)
MIAMI	FI.	33131
C'a	Ceree	11.

Uty Having been named as registered agent and to accept service of process for the above sum. place designated in this certificate. Thereby accept the appointment as registered agent and agree to act in un-further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, ar am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Registered Agent's Spinature (REDERED); Having been named as registered agent and to accept service of process for the above stated limited liability company at the  $\gtrsim$  Having been named as registered agent and to accept service of process for the above stated limited liability company at the  $\approx$ further agree to comply with the provisions of all statutes relating to the proper and complete performance of my dufies, and I 🗯 am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. 🤇 12 PH 1:44

(ilex)	
Registered Agent's Signature (REOURED)	

(CONTINUED)

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## (((H220001703223)))

## ARTICLE IV-

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

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
AMBR	STEVEN NEUMAN
	85 Delancey Street
	New York, NY 10002
	······································
(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.)

<u>Note:</u> 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.

		_
REQUIREDSIC	NATHRF-	2
REOUIRED SIGNATURE:		r-
	Steven Neuman	INLLW
<u> </u>	Signature of a member or an authorized representative of a member	>
	his 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	t of State
	onstitutes a third degree felony as provided for in s.817.155, F.S.	<u> </u>
	STEVEN NEUMAN	

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