## 17700117522

	(Requestor's Name)	
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□ PICK.I II	P   WAIT	MAIL
	<b>— •••</b>	
	(Business Entity Name)	
	, , ,	
	(Document Number)	
Certified Copies	Certificates of S	Status
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Special Instruction	s to Filing Officer:	
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Office Use Only



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2021 HAY 20 MH B: L.S

DIVISION OF CORPORATIONS TALLAHASSEE, FLORIDA

## Sunshine State Corporate Compliance Company

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

DATE 05/20/2022			⇔WALI	K INA
ENTITY NAME Family F	Prospects Next Gen LLC			
DOCUMENT NUMBER_				
	**PLEASE FILE THE ATTACHED AND RETURN**			
XXXXX	Plain Copy			
<del></del>	Certified Copy			
	Certificate of Status			
	Certified Copy of Arts & Amendments Certificate of Good Standing	AN LANGER	2021 HAY 20	
	**APOSTILLE' / NOTARIAL CERTIFICATION**	ENT OF STATE CORPORATIONS SSEELFLORE	20 AH 8: L	T J
COUNTRY OF DESTINAT	TON	·法[ —————		
NUMBER OF CERTIFICA	TES REQUESTED	<del></del>	_	
FOTAL OWED \$125	ACCOUNT #: I20			
	$\leq 83$			
Please call Tina at th	he above number for any issues or concerns. The	ank you so.	much!	



May 24, 2022

SUNSHINE STATE

**CORRECTED**Please Allow For

Same File Date

SUBJECT: FAMILY PROSPECTS NEXT GENILLO

Ref. Number: W22000068171

We have received your document for FAMILY PROSPECTS NEXT GEN LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

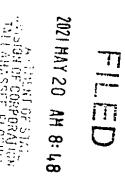
The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan Regulatory Specialist III

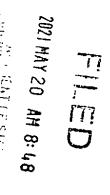
Letter Number: 222A00011775



## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	Family Prospe	eets Next Gen LLC		
(Mu	st contain the words "Limited		'L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and s	treet address of the principal of	office of the Limited	Liability Company is:	
<u>P</u>	rincipal Office Address:		Mailing Address:	
348 Pinebrook	: Blvd	_348 :	348 Pinebrook Blvd	
New Rochelle	, NY 10804	New	Rochelle, NY 10804	
(The Limited Liability Co- another business entity wi	ed Agent, Registered Office, mpany cannot serve as its own ith an active Florida registration street address of the registere Platinum Agent Serven	n Registered Agent. \ on.) d agent are:	t's Signature: 'ou must designate an individu:	al or
(The Limited Liability Co- another business entity wi	mpany cannot serve as its own ith an active Florida registration street address of the registere Platinum Agent Serve 155 Office Plaza Dr	n Registered Agent. You.) d agent are: vices LLC Name	ou must designate an individu:	al or
(The Limited Liability Co- another business entity wi	mpany cannot serve as its own ith an active Florida registration street address of the registere Platinum Agent Serve 155 Office Plaza Dr	n Registered Agent. \ on.) d agent are: vices LLC	ou must designate an individu:	al or
(The Limited Liability Co- another business entity wi	mpany cannot serve as its own ith an active Florida registration street address of the registere Platinum Agent Serve 155 Office Plaza Dr	n Registered Agent. You.) d agent are: vices LLC Name	ou must designate an individu:	al or
(The Limited Liability Co- another business entity wi	mpany cannot serve as its own ith an active Florida registration street address of the registere   Platinum Agent Serve 155 Office Plaza Dr Florida street address	n Registered Agent. You)  d agent are:  vices LLC  Name  ss (P.O. Box NOT ac	ou must designate an individu:	al or
(The Limited Liability Co- another business entity wi The name and the Florida laving been named as regis lace designated in this cert wither agree to comply with	mpany cannot serve as its own ith an active Florida registration street address of the registere Platinum Agent Serve 155 Office Plaza Draw Florida street address Tallahassee City stered agent and to accept serve ificate, I hereby accept the appart the provisions of all statutes in the provisions of the provisions of all statutes in the provisions of the provisions	n Registered Agent. Yon.)  d agent are:  vices LLC  Name  SS (P.O. Box NOT ac  FL  State  vice of process for the pointment as registere relating to the proper	ceptable)  32301  Zip  above stated limited liability code agent and agree to act in this and complete performance of my s provided for in Chapter 605, I	mpany at th capacity. I y duties, an

(CONTINUED)



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

**-**;

"AMBR" = Authorized Member			
"MGR" = Manager		•	
~			
MGR	Jarvis L Buckman 348 Pinebrook Blvd		<del></del>
	New Rochelle, NY 10804		_
		•	
<del></del>		<u>.</u>	
······		<del></del>	
717 L 216 X		<b>.</b> *	
(Use attachment if necessary)			
LEV: Effective date, if other than the date	of Clima	(OPTIONAL)	
e of filing.) If the date inserted in this block does not meant's effective date on the Department of		rements, this date will r	not be list
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If the date inserted in this block does not mument's effective date on the Department of LE VI: Other provisions, if any.	of State's records.		not be list
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If the date inserted in this block does not mument's effective date on the Department of LE VI: Other provisions, if any.  REOUIRED SIGNATURE:  /S	/ Jarvis L Buckman	•	not be list
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REOUIRED SIGNATURE:  Signature of a me This document is executed an aware that any false constitutes a third degree	/ Jarvis L Buckman  mber or an authorized representative ed in accordance with section 605.0203 information submitted in a document to felony as provided for in s.817.155, F.S.  Jarvis L Buckman  Typed or printed name of signce  Filing Fees:	e of a member. (1) (b), Florida Statutes the Department of Stat	s.
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REOUIRED SIGNATURE:  /S  Signature of a me This document is executed an aware that any false constitutes a third degree  \$125.00 Filling Fee for Articles of Organisation of the provision of the	/ Jarvis L Buckman  mber or an authorized representative ed in accordance with section 605.0203 information submitted in a document to felony as provided for in s.817.155, F.S.  Jarvis L Buckman  Typed or printed name of signee  Filing Fees: ganization and Designation of Register	e of a member. (1) (b), Florida Statutes of the Department of States.	s.
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