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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : GERALD WEINBERG, P.C.

Account Number : I20030000043 Phone : (800)342-9856 Fax Number : (800)354-3381

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

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FLORIDA LIMITED LIABILITY CO. RUNVS, LLC

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(GEALD WEINBERG) 1400% May. 31. 2022 10:43AM No. 2339 ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED ARTICLE I - Name: The name of the Limited Liability Company is: RUNVS, 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: Mailing Address: 521 US 27 N 521 US 27 N SEBRING, FLORIDA 33870 SEBRING, FLORIDA 33870 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: DANIEL WEISSE Name 521 US 27 N Florida street address (P.O. Box NOT acceptable) SEBRING FLORIDA Zip City State

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.....

(CONTINUED)

Registered Acces's Signature (REQUIRED)

(11000000ET3)

No. 2339 P. 3/3

ARTICLE IV-

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

<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:	
<u>AMBR</u>	DANIEL WEISSE 22 PARK DRIVE MOUNT KISCO. NEW YORK 10549	
AMBR	JULIAN KAUFMAN 15 ANDREA LANE WHITE PLAINS, NEW YORK 10605	
(Use attachment if necessary)		
If an effective date is listed, the date must be a he date of filing.) Note: If the date inserted in this block does not	te of filing: pecific and cannot be more than five business days proceeding the applicable statutory filing requirements, this contents the applicable statutory filing requirements.	ior to or 90 days after
he document's effective date on the Department RTICLE VI: Other provisions, if any.	nt of State's records.	PH 2: 0
REQUIRED SIGNATURE:	Lavrence a Kisch	
Signature of a r	nember or an authorized representative of a mamba-	

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.

LAWRENCE A. KIRSCH

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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