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To:

Division of Corporations Fax Number : (850)617-6381 From: Account Name : VCORP SERVICES, LLC Account Number : I20080000067 Phone : (845)425-0077 Fax Number : (845)818-3589



Email Address:



FLORIDA LIMITED LIABILITY CO. TEG 2029 NE 18th Ter LLC

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ARIK LESCFORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

To: '

The name of the Limited Liability Company is:

TEG 2029 NE 18th Ter 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:	Mailing Address:
365 Rte 59, Suite 110	365 Rte 59, Suite 110
Airmont, NY 10952	Airmont, NY 10952

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:

Vcorp Services, LLC	- 1 .•			
Nane				
1200 South Pine Isla	ind Road			
Florida street addres	is (P.O. Box <u>NOT</u> ac	cceptable)		
Plantation	FL	33324		
Cly	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..



Mimi Sanik

Registered Agent's Signature (ARLINED)

(CONTINLED)

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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	
MGR	Yshia David Willner
	365 Rte 59, Suite 110
	Airmont, NY 10952

(Use attachment if necessary)

ARTICLEV: 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.

ARTICLEVI: Other provisions, if any.

Alexand work w	
Signature of a member or an authorized representative of a member This document is executed in accordance with section 605.0203 (1) (b), Flori 1 am aware that any false information submitted in a document to the Departm constitutes a third degree felony as provided for in s.817.155, F.S.	da Statutes.
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