17700240110

(Re	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to I	Filing Officer:	
Werce	(XX) 7a	394

Office Use Only



000388080020

DIVISICH OF GUNTÜKATIONS TALLAHASSEE, FLORIDA

RECEIVED





May 26, 2022

SUNSHINE STATE CORPORATE COMPLIANCE COMPANY

SUBJECT: LOFTY INVESTMENTS, LLC

Ref. Number: W22000070094

CORRECTED
Please Allow For
Same File Date

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

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L21000415113.

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 (850) 245-6052.

Matthew T Moon
Regulatory Specialist II Supervisor

Letter Number: 122A00012050

2022 JUN - 1 AM In: 55



www.sunbiz.org

Sunshine State Corporate Compliance Company

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

DATE 06/01/2022	_			**H	VALK I	[N**
ENTITY NAME Lofty In	vestment Holdings, L	.LC				-
DOCUMENT NUMBER_						
	PLEASE FILE THE	'E ATTACHED AND	D RETURN			
	Plaix Copy					
XXXXX	Certified Copy					
	Certificate of Status					
**	*PLEASE OBTAIN THE FO	DLLOWING FOR TI	4E ABOVE ENTIT	7**		
	Certified Copy of Arts 8	& Amendments				
	Certified Copy of Arts 8	& Amendments Comple	ete File (Including t	Annual Reports)		
	Certificate of Status					
	Certificate of Status Ref	flecting:		_		-
	APOSTILLE' / N	NOTARIAL CERT	TIFICATION	MILARAS	2022 HAY 25	ecar.
COUNTRY OF DESTINAT	70N			2017 11917	.5	[-224] ! 454
NUMBER OF CERTIFICAT				7 5 5 27 5 86 7	AM 3: 4	
TOTAL OWED \$ 155			NT # 12014000010 Corporate Inc.	»Keithfle	Ma	l
Please call Tina at th	re above number for a	ny issues or con	icerns. Thank	you so much!	1	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liabil	ity Company is:			
Lofty Investment H	oldings. E.I.C			
(Must con	ntain the words "Limited	Liability Comp	any, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street	address of the principal of	office of the Lin	nited Liability Company is:	
Princi	pal Office Address:		Mailing Address:	
4025 Sunbeam Roa	d		4025 Sunbeam Road	
Jacksonville, FL 32			Jacksonville, FL 32257	
another business entity with an The name and the Florida stree	•			
	Lisa A. Mankoski			
		Name	-	
	4025 Sunbeam Road	j		
	Florida street addres	ss (P.O. Box <u>NC</u>	<u>DT</u> acceptable)	
	Jacksonville	F1.	32257	
	City	State	Zip	
lace designated in this certificat arther agree to comply with the p	e, I hereby accept the apporovisions of all statutes t	pointment as reg relating to the pr	r the above stated limited liability istered agent and agree to act in thoper and complete performance of tent as provided for in Chapter 605	is capacity. I my duties, and I
	/s/ Lis	a A. Mankosl	ĸi	
	Regis	tered Agent's Si	gnature (REQUIRED)	
		(CONTINUI	ED)	

ARTICLE IV-

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

"MGR" = Manager MGR	Title:		Name and Address:
MGR Lisa A. Mankoski 4025 Sunbeam Road Jacksonville, FL 32257 MGR			
MGR Joseph Brennan 109 Betty Road New Hyde Park, NY 11040 MGR Blitot Scalove 4 Redwood Court Fort Washington, NY 11050 (Use attachment if necessary) LE V: Effective date, if other than the date of filing: (OPTIONAL) ffective date is listed, the date must be specific and cannot be more than five business days prior to or 90 day to filing.) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be I ument's effective date on the Department of State's records. LE VI: Other provisions, if any. REQUIRED SIGNATURE: Isla A. Mankoski Signature of a member or 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. Lisa A. Mankoski Typed or printed name of signee Filing Fees:	"MGR" = M	anager	
MGR Joseph Brennan 109 Betty Road New Hyde Park, NY 11040 MGR Blitot Scalove 4 Redwood Court Fort Washington, NY 11050 (Use attachment if necessary) LE V: Effective date, if other than the date of filing: (OPTIONAL) ffective date is listed, the date must be specific and cannot be more than five business days prior to or 90 day to filing.) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be I ument's effective date on the Department of State's records. LE VI: Other provisions, if any. REQUIRED SIGNATURE: Isla A. Mankoski Signature of a member or 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. Lisa A. Mankoski Typed or printed name of signee Filing Fees:	MGR		Lisa A, Mankoski
MGR Joseph Brennan 109 Betty Road New Hyde Park, NY 11040			4025 Sunbeam Road
MGR Elliot Sealove 4 Redwood Court Port Washington, NY 11050			Jacksonville, FL 32257
MGR Elliot Sealove 4 Redwood Court Port Washington, NY 11050			
MGR Elliot Sealove 4 Redwood Court Port Washington, NY 11050	MGR		Joseph Brennan
(Use attachment if necessary) LE V: Effective date, if other than the date of filing: [Coptional] (Coptional) If the date is listed, the date must be specific and cannot be more than five business days prior to or 90 day of filing.) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be I ument's effective date on the Department of State's records. LE VI: Other provisions, if any. REQUIRED SIGNATURE: Isla A. Mankoski Signature of a member or 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. Liga A. Mankoski Typed or printed name of signee Filing Fees:	man		109 Betty Road
(Use attachment if necessary) LE V: Effective date, if other than the date of filing:			New Hyde Park, NY 11040
(Use attachment if necessary) LE V: Effective date, if other than the date of filing:			
(Use attachment if necessary) LE V: Effective date, if other than the date of filing:	MGR		Elliot Scalove
(Use attachment if necessary) LE V: Effective date, if other than the date of filing:			4 Redwood Court
(Use attachment if necessary) LEV: Effective date, if other than the date of filing:			Port Washington, NY 11050
(Use attachment if necessary) LEV: Effective date, if other than the date of filing:			
(Use attachment if necessary) LEV: Effective date, if other than the date of filing:			
ILE V: Effective date, if other than the date of filing:			
ILE V: Effective date, if other than the date of filing:			
ILE V: Effective date, if other than the date of filing:			
REQUIRED SIGNATURE: /s/ Lisa A. Mankoski Signature of a member or 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. Lisa A. Mankoski Typed or printed name of signee	If the date insecument's effect	ive date on the Departn	
Signature of a member or 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. Lisa A. Mankoski Typed or printed name of signee		•	
Signature of a member or 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. Lisa A. Mankoski Typed or printed name of signee Filing Fees:	REQUIRE	∑SIGNATURE:	
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. Lisa A. Mankoski Typed or printed name of signee Filing Fees:			
Filing Fees:			
Filing Fees:		This document is ex I am aware that any	recuted in accordance with section 605,0203 (1) (b), Florida Statutes, false information submitted in a document to the Department of State
Filing Fees:		This document is ex I am aware that any constitutes a third do	false information submitted in a document to the Department of State egree felony as provided for in s.817.155, F.S.
		This document is ex I am aware that any constitutes a third do	false information submitted in a document to the Department of State egree felony as provided for in s.817.155, F.S.
		This document is ex I am aware that any constitutes a third do	false information submitted in a document to the Department of State egree felony as provided for in s.817.155, F.S.
		This document is ex I am aware that any constitutes a third do	false information submitted in a document to the Department of State egree felony as provided for in s.817.155, F.S. koski Typed or printed name of signee

\$ 5.00 Certificate of Status (Optional)