

L22000255251

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

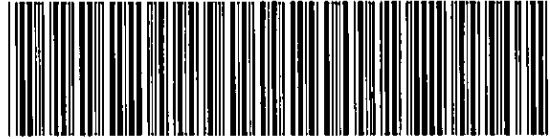
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2022 JUN -8 PM 1:25

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TALLAHASSEE, FL

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATE
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WALK IN

PICK UP: 6/2 LYNES

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LLC

1. 1606-1608 SHEPARD LANE, LLC

(CORPORATE NAME AND DOCUMENT #)

2.

(CORPORATE NAME AND DOCUMENT #)

3.

(CORPORATE NAME AND DOCUMENT #)

4.

(CORPORATE NAME AND DOCUMENT #)

5.

(CORPORATE NAME AND DOCUMENT #)

6.

(CORPORATE NAME AND DOCUMENT #)

**SPECIAL
INSTRUCTIONS:**



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 8, 2022

CORPORATE ACCESS

Corrected

SUBJECT: 1606-1608 SHEPHERD LANE, LLC
Ref. Number: W22000074351

We have received your document for 1606-1608 SHEPHERD LANE, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

On the new submission the Registered Agent and Authorized Rep did not

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: 522A00012602

RECEIVED
2022 JUN -8 PM 3:30
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION
OF
1606-1608 SHEPHERD LANE, LLC

FILED

2022 JUN -8 PM 1:25

SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLE I - NAME

The name of the limited liability company is 1606-1608 Shepherd Lane, LLC, ("company").

ARTICLE II - ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

6011 75th Street
Middle Village, New York 11379

Mailing Address:

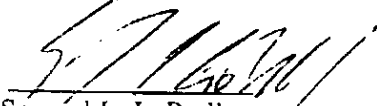
6011 75th Street
Middle Village, New York 11379

ARTICLE III - REGISTERED AGENT,
REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE

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

Samuel L. LePrell
1930 San Marco Blvd, . Suite 201
Jacksonville, Florida 32207

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.


Samuel L. LePrell

ARTICLE IV - MANAGERS

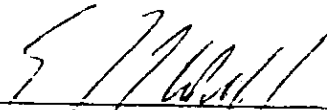
MGR

Aleksander Zivkovic

6011 75th Street.

Middle Village, New York 11379

REQUIRED SIGNATURE:



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.

Samuel L. LePrell

Typed or printed name of signer

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**SECRETARY OF STATE
TALLAHASSEE, FL**