L22000288753

(Requestor's Na	me)	
(Address)		
(Address)		
(City/State/Zip/F	Phone #)	
PICK-UP WAIT	MAIL	
(Business Entity	Name)	
(Document Number)		
Certified Copies Certifi	cates of Status	
Special Instructions to Filing Officer:		





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BIVIDION 24 AM 10: 37

2022 JUN 24 AM 8: 31

Sunshine State Corporate Compliance Company

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

DATE 06/23/2022	_		⇔WALK IN**
ENTITY NAME Univers	sity Propco LLC		
DOCUMENT NUMBER_			
	PLEASE FILE 1	THE ATTACHED AND RETURN	
xxxxxx	Plain Copy		
	Certified Copy		
	Certificate of Status	,	
	Certified Copy of Ar Certificate of Good S		
	APOSTILLE'/	NOTARIAL CERTIFICATION	
COUNTRY OF DESTINA			
NUMBER OF CERTIFICA	ATES REQUESTED		
TOTAL OWED \$125		ACCOUNT #: 12016000007	2
Please call Tina at t	the above number for	any issues or concerns. Thank you s	o much!

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

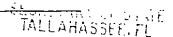
The name of the Limited Liability Company is:

FILED

2022 JUN 24 AM 8: 31

University Propeo I	LL	C
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(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")



ARTICLE II - Address:

The mailing addre

Principal Office Address:	Mailing Address:
311 Boulevard Of The Americas Suite 404	311 Boulevard Of The Americas Suite 404
Lakewood NJ 08701	Lakewood NJ 08701
another business entity with an active Florida registration	•
The name and the Florida street address of the registered Platinum Agent Service	•
•	•
•	ces LLC
Platinum Agent Servio	ces LLC

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..

State

Zip

City

/s/ Steven Friedman Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
MGR	Josef Cukier
	22 Bridgewood Ave Lakewood NJ 08701
	Lakewood NJ (w/0)
	2007
	
	<u> </u>
	프로 <u>교</u>
(Use attachment if necessary)	
an effective date is listed, the date must be s date of filing.)	ce of filing:
REQUIRED SIGNATURE:	
/s/ Josef Cukier	
This document is executed any false.	nember or an authorized representative of a member, uted in accordance with section 605.0203 (1) (b), Florida Statutes, se information submitted in a document to the Department of State ee felony as provided for in s.817.155, F.S.
Josef Cukier	
	Typed or printed name of signee

as

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)