L22000304998

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer. |
| |
| |
| |

Office Use Only



500390318805

S. CHATHAM JUL 11 2022

2022 JUL 11 AH 11: 2

RECEIVED

22 JUL 11 AH S.

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

| ACCOUNT NO. : I2000000195 |
|--|
| REFERENCE : 795677 7824295 |
| AUTHORIZATION: Smelle alexan |
| COST LIMIT : \$125.00 |
| ORDER DATE : July 8, 2022 |
| • |
| ORDER TIME : 8:58 AM |
| ORDER NO. : 795677-005 |
| CUSTOMER NO: 7824295 |
| |
| DOMESTIC FILING |
| NAME: SFS COLLINS AVENUE LLC |
| |
| EFFECTIVE DATE: |
| ARTICLES OF INCORPORATION |
| CERTIFICATE OF LIMITED PARTNERSHIP |
| XX ARTICLES OF ORGANIZATION |
| PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: |
| CERTIFIED COPY |
| XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING |
| CONTACT PERSON: Alexxis Weiland - EXT. |
| CONTACT PERSON: Alexxis Weiland - EXT. EXAMINER'S INITIALS: |
| |
| \cdot |

COVER LETTER

| | iew Filing Se Division of Co | | | | | | | | |
|----------------------|-----------------------------------|---------------------------------------|---------------------|--------------------------------|---|--|--|--|--|
| SUBJECT | | ns Avenue LLC | | | | | | | |
| SOBJEC | Name of Limited Liability Company | | | | | | | | |
| The enclos | sed Articles of | Organization an | d fee(s) are | e submitte | d for filing. | | | | |
| Please rett | ırn all corresp | ondence concern | ing this ma | atter to the | following: | | | | |
| | Veronica Ba | avaro | | | | | | | |
| | | <u></u> | | Name o | f Person | | | | |
| | Brick & Pat | el LLP | | | | | | | |
| | | · · · · · · · · · · · · · · · · · · · | | Firm/C | ompany | | | | |
| | 600 Fifth A | venue, 14th Floo | r | | | | | | |
| | | Address | | | | | | | |
| | New York, | New York 10020 |) | | | | | | |
| | | | С | ity/State a | nd Zip Code | | | | |
| | rbavaro@brio | - | | | | | | | |
| | | E-mail address: (| to be used | for future | annual report notificat | tion) | | | |
| For further i | nformation co | ncerning this ma | tter, please | e call: | | | | | |
| | Veronica Bavaro Name of Person | | 21 at (| 12 | 554-5216 | | | | |
| | | | | Area Code Daytime Telephone Nu | | ne Number | | | |
| Enclosed i | s a check for t | he following am | ount: | | | | | | |
| □\$125.00 Filing Fee | | □\$130.00 Fil Certificate of | ing Fee & Status | Certif | i5.00 Filing Fee & ied Copy ial copy is enclosed) | □\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed | | | |
| | Mailie | us talalarının | | | Campat Adduses | | | | |

Mailing Address

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

<u>Street Address</u> New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| SFS Collins Avenue | | | | |
|--|--|---|---|--|
| (Must con | atin the words "Limited Lia | ability Company. | , "L.L.C.," or "LLC.") | |
| ARTICLE II - Address: The mailing address and street a | iddress of the principal offi | ce of the Limited | 1 Liability Company is: | |
| <u>Princip</u> | al Office Address: | | Mailing Address: | |
| | | 600 | 600 Fifth Avenue, 14th Floor | |
| 600 Fifth Avenue, 1 | 4th Floor | | THUI AVCINC, 14th Floor | |
| New York, New Yo | ent, Registered Office, & y cannot serve as its own R active Florida registration. | Registered Age egistered Agent. | v York, New York 10020 | |
| New York, New Yo ARTICLE III - Registered Ag | ent, Registered Office, & y cannot serve as its own R active Florida registration. address of the registered a | Registered Age egistered Agent.) gent are: | v York, New York 10020 nt's Signature: | |
| New York, New Yo ARTICLE III - Registered Ag (The Limited Liability Company another business entity with an | ent, Registered Office, & y cannot serve as its own R active Florida registration. address of the registered a | Registered Age egistered Agent.) gent are: | v York, New York 10020 nt's Signature: | |
| New York, New Yo ARTICLE III - Registered Ag (The Limited Liability Company another business entity with an | ent, Registered Office, & y cannot serve as its own R active Florida registration. address of the registered a | Registered Age egistered Agent.) gent are: | v York, New York 10020 nt's Signature: | |
| New York, New Yo ARTICLE III - Registered Ag (The Limited Liability Company another business entity with an | ent, Registered Office, & y cannot serve as its own R active Florida registration. address of the registered as Corporation Service Co | Registered Age egistered Agent.) gent are: ompany Name | v York, New York 10020 nt's Signature: You must designate an individual or | |
| New York, New Yo ARTICLE III - Registered Ag (The Limited Liability Company another business entity with an | ent. Registered Office, & y cannot serve as its own R active Florida registration. address of the registered as Corporation Service Control Hays Street | Registered Age egistered Agent.) gent are: ompany Name | v York, New York 10020 nt's Signature: You must designate an individual or | |

am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

Corporation Service Company

(Llexus Weiterd assistant ver president Registered Agent's Signature (REQUIRED)

(CONTINUED)

22 JUL 11 AH 5: 17

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 | n - W.I. pp. 1. 0 |
| AMBR | Bass Kids DE LLC 600 Fifth Avenue, 14th Floor |
| | New York, New York 10020 |
| | |
| MGR | Bass Kids DE LLC |
| | 600 Fifth Avenue, 14th Floor New York, New York 10020 |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| (Use attachment if necessary) | |
| • | |
| ARTICLE V: Effective date, if other than t | he date of filing: (OPTIONAL) |
| | t be specific and cannot be more than five business days prior to or 90 days after |
| the date of filing.) Note: If the date inverted in this block do | es not meet the applicable statutory filing requirements, this date will not be listed as |
| the document's effective date on the Depa | |
| the document 3 creedive date on the Depa | Tallett of State 3 records. |
| ARTICLE VI: Other provisions, if any. | |
| | <u> </u> |
| ·· · · | |
| | · · · |
| REQUIRED SIGNATURE: | 11 . 0 |
| | Veronica Bavaro |
| | |
| Signature (| of a member or an authorized representative of a member. s executed in accordance with section 605.0203 (1) (b), Florida Statutes. |
| | ny false information submitted in a document to the Department of State |
| constitutes a third | I degree felony as provided for in s.817.155, F.S. |
| | n. |
| <u>Veronica</u> | Bavaro Typed or printed name of signee |
| | r speci or printed name or 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)

22 JUL 11 AH 5: 1