To:

# Division of Corporations 0320286

# Florida Department of State

**Division of Corporations Electronic Filing Cover Sheet** 

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000245717 3)))



H220002457173ABC/

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : FILE RIGHT LLC Account Number : I20170000091 Phone : (718)878-5811 Fax Number : (718)732-4580

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email	Address:	

# FLORIDA LIMITED LIABILITY CO. BE 1500 1 LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help



From: Mark Fuchs

Fax Reference: H22000245717 3

	C	OVER LETT	TER	
	New Filing Section Division of Corporations			
CUBIC	BE 1500 1 LLC			
SUBJEC		imited Liabili	ity Company	
The enclo	sed Articles of Organization and fec(s)	are submitted	for filing.	
	turn all correspondence concerning this		-	
		Name of	Person	
	FILE RIGHT LLC			
		Finn/Co	mpany	
	5314 16TH AVENUE SUITE 139			
		Addr	ess	
	BROOKLYN, NY 11204			
	sales@fileacorp.com	City/State an	d Zip Code	<del></del> -
		ed for future a	nnual report notification)	<del></del>
For further	information concerning this matter, plea	ase call:		
	Sara at (	718	878-5811	
	Name of Person	Area Code	Daytime Telephone Number	_
Enclosed	is a check for the following amount:			
\$125,00	Filing Fee S130.00 Filing Fee & Certificate of Status	L-Certific	ed Copy Certifica al copy is enclosed) Certified	Filing Fee, te of Status & Copy copy is enclosed)
	MailingAddress New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		StreetAddress New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FI. 32301	22 JUL 20 PM 12: SECRETARY OF STALLAHASSEE, FLOI

Fax Reference: H22000245717 3

To:

## ARTICLES OF ORGANIZATION FOR FLORIDALIMITED LIABILITY COMPANY

#### ARTICLE I - Name:

The name of the Limited Liability Company is:

BE 1500 LLLC

(Must contain 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:
6 BOONE STREET	6 BOONE STREET
STATEN ISLAND, NY 10314	STATEN ISLAND, NY 10314

## 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:

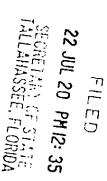
JOSEPH ROSENW	ASSER	
	Name	
4014 GUNN HIGH	WAY, SUITE 270	
Florida street addres	ss (P.O. Box <u>NOT</u> ac	cceptable)
TAMPA	FL	33618
City	State	Zip

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, Thereby 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..

/ s / JOSEPH ROSENWASSER

Registered Agent's Signature (REQUIRED)

(CONTINUED)



Fax Reference: H22000245717 3

To:

AR	T	CL	E	IV-
----	---	----	---	-----

The name and address of	of each person.	authorized to man:	age and control the	e Limited Liability	Company

Title: "AMBR" = Authorized Member "MGR" = Managet MGR		Name and Address:  YISRAEL HAYUM 6 BOONE STREET STATEN ISLAND, NY 10314		
(Use attachmen	t if necessary)			
(If an effective date is lis the date of filing.) Note: If the date inserte	ted, the date must be specific and d in this block does not meet the a date on the Department of State's	. (OPTION) I cannot be more than five business days prior applicable statutory filing requirements, this date s records.	r to o <b>r</b> 90	•
				<u> </u>
<u>REOUIRED</u> S	IGNATURE:			
	/s/ YI	SRAEL HAYUM		
_	This document is executed in acc	an authorized representative of a member, cordance with section 605.0203 (1) (b), Florida tion submitted in a document to the Department as provided for in s.817.155, F.S.		
	YISI	RAEL HAYUM	ASE ASE	23
	Typed	or printed name of signee	CRET	. שור

# 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)

Z JUL ZO PHIZ: 35 :CRETARY OF STATE LLAHASSEE ELOPIDA