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ALLAHASSEE. FIG:

FLORIDA DEPARTMENT OF STATE Division of Corporations

July 20, 2022

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CAPITAL CONNECTION, INC.

SUBJECT: AT 42ND STREET, LLC Ref. Number: W22000095204

We have received your document for and your check(s) totaling \$1250.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent address must be a complete Florida address. Please amend the document accordingly.

If you have any further questions concerning your document, please call (850) 245-6052.

Summer Chatham Regulatory Specialist II New Filing Section

Letter Number: 122A00016237

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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

AT 42ND STREET LLC

				Cert. Copy	
				Photo Copy	
				Certificate of Good Standing	
				Certificate of Status	_
				Certificate of Fictitious Name	
				Corp Record Search	
				Officer Search	
				Fictitious Search	
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Art of Inc. File_____

LTD Partnership File_____

Foreign Corp. File_____

Fictitious Name File_____

Art, of Amend, File_____

Dissolution / Withdrawal_____

Annual Report / Reinstatement_____

L.C. File_____

Merger File_____

RA Resignation

COVER LETTER

TO: New Filing Section Division of Corporations

AT 42ND STREET, LLC SUBJECT:

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Matthew Flores

Name of Person

Law Office of Matthew P. Flores

Firm/Company

1333 Third Avenue South, Suite 505

Address

Naples, Florida 34102

City/State and Zip Code

niatt@naplesbaylaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Matthew Flores	239	261-0592
	at ()
Name of Person	Area Code	Daytime Telephone Number

Enclosed is a check for the following amount:

■S125.00 Filing Fee □S155.00 Filing Fee & □\$130.00 Filing Fee & □\$160.00 Filing Fee, Certificate of Status & Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) \$ 25 PH 7:50 Mailing Address Street Address New Filing Section New Filing Section Division **Division of Corporations** The Centre of Tallahassee P.O. Box 6327 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314 Tallahassee, FL 32303



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

AT 42ND STREET, LLC

(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:	
47-14 32nd Place	47-14 32nd Place	
Long Island City, NY 11101	Long Island City, NY 11101	

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:

Matthew P. Flores L	aw, PLLC	
	Name	
1333 Third Avenue	South, Suite 505	
Florida street addre	ss (P.O. Box <u>NOT</u> acc	eptable)
Naples	Florida	
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, 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.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address;
"MGR" = Manager MGR	Ari Tsatsaronis 47-14 32nd Place Long Island City, NY 11101
(Use attachment if necessary)	
the date of filing.)	of filing: (OPTIONAL) of filing: (OPTIONAL) of and cannot be more than five business days prior to or 90 days after of the applicable statutory filing requirements, this date will not be listed as f State's records.
ARTICLE VI: Other provisions, if any.	

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 lhird degree felony as provided for in s.817.155, F.S.

Ari Tsatsaropis

Typed or printed name of signee

Filling Fees:

S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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