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Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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: (850)617-6381

From:

Account Name : RASI

Account Number : I20220000023 Phone : (800)221-2972 Fax Number : (917)243-5843

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

Email Address:	
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FLORIDA LIMITED LIABILITY CO. 525 S BROADWAY LLC

Certificate of Status	U
Certified Copy	U
Page Count	01
Estimated Charge	\$125.00

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Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

To:

The name of the Limited Liability Company is:

525 S BROADWAY 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:
732 Linda Ave	732 Linda Ave
Thornwood, NY 10594	Thornwood, NY 10594

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:

Registered Agent So	lutions, Inc.	
	Name	
155 Office Plaza Dr.	, Suite A	
Florida street addres	s (P.O. Box <u>NOT</u> ac	eceptable)
Tallahassee	FL	32301
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..

Jose Mojica

Registered Agent's Signature (REQUIRED)

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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		
MGR	Michael Lemmo 732 Linda Ave	
	Thornwood, NY 10594	_
		_
	<u> </u>	_
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(Use attachment if necessary)		
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e date of filing.)	specific wird cannot be more than the business days prior to or	o days ait
	ot meet the applicable statutory filing requirements, this date will n	ot be listee
e document's effective date on the Departme	ent of State's records.	
RTICLE VI: Other provisions, if any.		
<u>. </u>		
REQUIRED SIGNATURE:		
Ana Maison	44.4	
		_
Signature of a This document is exe	member or an authorized representative of a member, eduted in accordance with section 605.0203 (1) (b). Florida Statutes	
I am aware that any f	alse information submitted in a document to the Department of Stat	
constitutes a third de	gree felony as provided for in s.817.155, F.S.	
Ana Maisonay	·re	
	Typed or printed name of signee	
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PISSO PIULI PIESE A AND A	Filing Fees:	. N
\$125.00 Filing Fee for Articles of	Organization and Designation of Registered Agent 💎 😓 🦫	

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)