8/15/22, 4:21 PM

Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (954)208-0845 Fax Number : (614)573-3996

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. DFILP GHCSX LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

Help

SOFORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

DFILP GHCSX 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:

c/o Aubumdale Properties, Inc.	c/o Aubumdale Properties, Inc.
50 Tice Blvd., Suite 320	50 Tice Blvd., Suite 320
Woodcliff Lake, NJ 07677	Worldcliff Lake, NJ 07677

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:

C T-Corporation System 3

1200 South Pine Island Road

Florida street address (P.O. Box NOT acceptable)

Plantation	Florida	33324
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. 1 further agree to comply with the provisions of all statutes relating to the proper and complete performance of my dicties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

by Sandra Zwijack, Assistant Secretary

Registered Agent's Signature (REQUIRED)

(CONTINUED)

FLOSS - 04/25/2006 Winkers Khoney Cellina

Title:		
"AMBR" = Authorized Member "MGR" = Manager	Name and Address:	
AMHR	Dempsey Family Investments Limited Partnership 20 Aubumdale Properties Inc. 50 Tice Blvd., Suite 320 Woodcliff Lake, NJ 07677	
AMBR	BJD Holdings, LLC c/o Auburndale Properties Inc., 50 Tice Blvd., Suite 320 Woodeliff Lake, NJ 07677	
MGR	Benjamin Dempsey Co Auburidate Properties, Inc., 50 Tice Blvd., Suite 320 Woodeliff Lake, NJ 07677	
(Use attachment if necessary)		
he date of filing.)	pecific and cannot be more than five business days prior to or 90 days meet the applicable statutory filing requirements, this date will not be	e listed as
are apparent a errorette mere ou are tychen mien	tion State's records.	്
RTICLE VI: Other provisions, if any,		. 呈
RTICLE VI: Other provisions, if any.		
RETICLE VI: Other provisions, if any. REQUIRED SIGNATURE:		AH 1:34
REQUIRED SIGNATURE: Signature of a mile of the second of	temper or an authorized representative of a member. uted in accordance with section 605.0203 (1) (b), Florida Stannes, the information submitted in a document to the Department of State the felony as provided for in s.817.155, F.S.	M 1: 34

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)