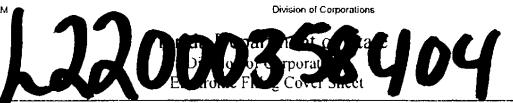
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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (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.\*\*

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FLORIDA LIMITED LIABILITY CO.

DFILP 28 Broad Street, LLC

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

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Corporate Filing Menu

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

AR	иси	ж.	- Nn	mre:

The name of the Limited Liability Company is:

DFILP 28 Broad 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:

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

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. 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..

CT Corporation System

By: Judia Trial

by Sandra Zwijack, Assistant Secretary

Registered Agent's Signature (REQUIRED)

(CONTINUED)

SECRETARY OF STATE

\$ 5.00 Certificate of Status (Optional)

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
AMBR	Deinpsev Family Investments Limited Partnership c/o Auburndale 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 c/o Aubumdale Properties, Inc., 50 Tice Blvd., Suite 320 Woodcliff Lake, NJ 07677
(Use attachment if necessary)	
CLE V: Effective date, if other than the effective date is listed, the date must be te of filing.)	date of filing:
CLE V: Effective date, if other than the effective date is listed, the date must be te of filing.)  If the date inserted in this block does no cument's effective date on the Departm	to the applicable statutory filing requirements, this date will not be listed tent of State's records.
CLE V: Effective date, if other than the effective date is listed, the date must be to of filing.)  If the date inserted in this block does not current's effective date on the Department's ef	e specific and caunot be more than five business days prior to or 90 days a