## orida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : ALLEY, MAASS, ROGERS & LINDSAY, P.A.

Account Number : 072100000047

Phone

: (561)659-1770

Fax Number

: (561)833-2261

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

## FLORIDA LIMITED LIABILITY CO.

414 33rd Street LLC

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\$125.00

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Electronic Filing Menu

Corporate Filing Menu

Help

## COVER LETTER

	lew Filing Section Division of Corporations		
euorec	414 33rd Street LLC		
SUBJEC	Name of Lim	ited Liability Company	
The enclo	sed Articles of Organization and fee(s) are	submitted for filing.	
Please ret	urn all correspondence concerning this mat	tter to the following:	
	Louis L. Hamby III, Esq.		
		Name of Person	
	Alley, Maass, Rogers & Lindsay, P.A.		
		Pirm/Company	
	340 Royal Poinciana Way, Suite 321		
		Address	
	Paim Beach, FL 33480		
	Crush@amrl.com	ity/State and Zip Code	
	E-mail address: (to be used	for future annual report notification)	
For further	information concerning this matter, please	call:	
	Louis L. Hamby III 56	659-1770	
		rea Code Daytime Telephone Number	
Enclosed	is a check for the following amount:		
<b>□\$</b> 125.0	00 Filing Fee \$\Bigcup\$\$130.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)  \$155.00 Filing Fee & Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)	, , ,
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	LE I - Name: e of the Limited Liability Company is:		
	414 33rd Street LLC (Must contain the words "Limited L	iability Compar	ny "LLC," or "LLC,")
	LE II - Address: ling address and street address of the principal of		
	Principal Office Address:		Mailing Address:
	14 Wall Street, 2nd Floor	1.	4 Wall Street, 2nd Floor
ARTICI	New York, NY 10005  LE III - Registered Agent, Registered Office, &	Registered A	gent's Signature:
(The Lim another 1	New York, NY 10005  LE III - Registered Agent, Registered Office, & nited Liability Company cannot serve as its own I business entity with an active Florida registration	Registered A Registered Ager	gent's Signature:
(The Lim another 1	New York, NY 10005  LE III - Registered Agent, Registered Office, & nited Liability Company cannot serve as its own I	Registered A Registered Ager	gent's Signature:
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(The Lim another 1	New York, NY 10005  LE III - Registered Agent, Registered Office, & mited Liability Company cannot serve as its own I business entity with an active Florida registration and the Florida street address of the registered Louis L. Hamby III	Registered A Registered Ages  ) agent are:  Name	gent's Signature:
(The Lim another 1	New York, NY 10005  LE III - Registered Agent, Registered Office, & mited Liability Company cannot serve as its own I business entity with an active Florida registration and the Florida street address of the registered	Registered A Registered Ages  ) agent are: Name	gent's Signature:  nt. You must designate an individual or
(The Lim another 1	New York, NY 10005  LE III - Registered Agent, Registered Office, & mited Liability Company cannot serve as its own I business entity with an active Florida registration at and the Florida street address of the registered Louis L. Hamby III  340 Royal Poinciana	Registered A Registered Ages  agent are:  Name  Way, Suite 321	gent's Signature:  nt. You must designate an individual or

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 duttes, 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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<u>Title:</u> "AMBR" = Authorized Membe	Name and Address:
"MGR" = Manager	
Manager	Frank J. Sciame, Jr.
	New York, NY 10005
	146W 101K, 141 10003
ective date is listed, the date wo of filing.)	n the date of filing: (OPTIONAL) ust be specific and cannot be more than five business days prior to or 90 loes not meet the applicable statutory filing requirements, this date will not
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