

£/18/22, 9±8 AM Florida 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.

### 501 35th Street LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

Aug. 18. 2022 4:50PM

Electronic Filing Menu

Corporate Filing Menu

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#### **COVER LETTER**

	vew ruing Sec Division of Co							
eun rec	501 35th S	treet LLC						
SUBJEC	1:	Name	of Limited Liab	ility Comp <b>a</b> ny				
The enclo	sed Articles of	Organization and fee	e(s) are submitte	ed for filing.				
Please ret	um all correspo	ondence concerning t	his matter to the	e following:				
	Louis L. Ha	mby III, Esq.						
			Name	of Person	· <u>-</u>			
	Aliey, Maas	s, Rogers & Lindsay,	, P.A.					
			Firm/0	Сотралу	-			
	340 Royal P	oinciana Way, Suite	321					
			Ad	dress		· · ·		
	Palm Beach	FL 33480						
	crush@amrl.c	com	City/State	and Zip Code		_		
	1	E-mail address: (to be	used for future	annual report notificati	on)			
For further	information co	ncerning this matter,	please call:					
	Louis L. Han		561 nt (	659-17 <b>7</b> 0				
	Nam	e of Person	Area Code	Daytime Telephon	e Number			
Enclosed i	is a check for the	ne following amount:						
<b>□\$</b> 125.00	) Filing Fee	□\$130.00 Filing F Certificate of State	us Certi	55.00 Filing Fee & fied Copy mal copy is enclosed)	□\$160.00 F Certificate o Certified Cop (additional cop	f Status & py	d)	
	New F Divisio P.O. B	g Address iling Section on of Corporations ox 6327 assee, FL 32314		Street Address New Filing Section Di The Centre of Tallaha 2415 N. Monroe Street Tallahassee, FL 3230	issee at, Suite 810	SEGNETARY	22 AUG 18 P	;

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Nan The name of the Li	me: imited Liability Company is:		
501 350	th Street LLC		
	(Must contain the words "Limited	Liability Company	"L.L.C.," or "LLC.")
ARTICLE II - Ad The mailing addres	Idress: ss and street address of the principal c	ffice of the Limited	I Liability Company is:
	Principal Office Address:		Mailing Address:
14 Wal	Street	14	Wall Street
New Y	ork, NY 10005	Nev	v York, NY 10005
(The Limited Liabi another business en	egistered Agent, Registered Office, lity Company cannot serve as its own ntity with an active Florida registration	Registered Agent. in.)	nt's Signature: You must designate an individual or
The name and the F	Florida street address of the registered	l agent are:	
	Louis L. Hamby III		
		Name	
	340 Royal Poinciana	Way, Suite 321	
	Florida street address		cceptable)
	Palm Beach	FL	33480
	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 (REQUIREI

(CONTINUED)

51 LET 35 22 AUG 18 PH 12: 35

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:	
Manager	Frank J. Sciame, Jr 14 Wall Street, 2d Floor New York, NY 10005	<u>-</u> 
		<del>-</del> -
		<u> </u>
		_
(Use attachment if necessary)  CLE V: Effective date, if other than th	e date of filing:	_
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