

L22 000367566

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

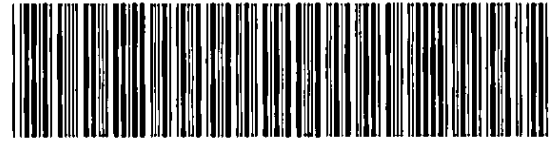
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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S. CHATHAM
AUG 23 2022

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DIVISION OF CORPORATIONS
22 AUG 18 AM 1:06

RECEIVED
2022 AUG 18 PM 3:12
ALLAHABAD, INDIA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 19, 2022

SUNSHINE STATE CORPORATE COMPLIANCE COMPANY

SUBJECT: 2050 WEST 56TH FL LLC
Ref. Number: W22000106951

CORRECTED
Please Allow For
Same File Date

We have received your document for and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document is illegible and not acceptable for imaging.

If you have any further questions concerning your document, please call (850) 245-6052.

Summer Chatham
Regulatory Specialist II
New Filing Section

Letter Number: 322A00018525

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Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312

(850) 656-4724

DATE 08/18/2022

****WALK IN****

ENTITY NAME 2050 West 56th FI LLC

DOCUMENT NUMBER _____

****PLEASE FILE THE ATTACHED AND RETURN****

XXXXX _____

Plain Copy

Certified Copy

Certificate of Status

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****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY****

Certified Copy of Arts & Amendments

Certificate of Good Standing

****APOSTILLE' / NOTARIAL CERTIFICATION****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED \$125

ACCOUNT #: I20160000072

E. R. Hill

Please call Tina at the above number for any issues or concerns. Thank you so much!

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

2050 West 56th FL 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:

377 Park Avenue South
5th Floor
New York, NY 10016

377 Park Ave. South
5th floor
New York, NY 10016

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:

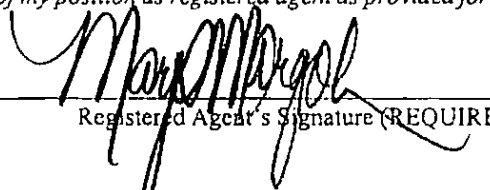
Marjorie Margolies
Name

140 N. Federal Highway, 2nd
Florida street address (P.O. Box **NOT** acceptable)

Boca Raton FL 33432
City State Zip

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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 (REQUIRED)
(CONTINUED)

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

AMBR&MGR

Eden Ashourzadeh
377 Park Ave. South, 5th Floor
New York, NY 10016

AMBR

Garrett Wittels
377 Park Ave. South, 5th Floor
New York, NY 10016

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(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

manager-managed LLC with perpetual duration

REQUIRED SIGNATURE

[Handwritten Signature]
Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

[Handwritten Name]

Typed or printed name of signer

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)