

L 22000377818

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H22000263421 3)))



H220002634213ABCW

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:  
Division of Corporations  
Fax Number : (950) 617-6381

From:  
Account Name : Vcorp SERVICES, LLC  
Account Number : J2008000067  
Phone : (845) 425-0077  
Fax Number : (845) 818-3538

\*\*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.  
Emerald Chicago LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

2022/11/30 PM 1:46

2022/11/30 PM 1:46

2022 AUG 30 AM 8:04

FILED

850-617-6381 8/5/2022 11:33:46 AM PAGE 1/001 Fax Server



August 5, 2022

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

VCORP SERVICES LLC

SUBJECT: EMERALD CHICAGO LLC  
REF: W22000101632

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

If you have any further questions concerning your document, please call

Arcedra Johnson  
REGULATORY SPECIALIST II  
SRC

FAX Aud. #: H22000263421  
Letter Number: 622A00017539

2022 AUG 30 AM 8:04

ED

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Emerald Chicago LLC

(Must end with 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:**

777 Chestnut Ridge Road, Suite 301  
Chestnut Ridge, NY 10977

**Mailing Address:**

777 Chestnut Ridge Road, Suite 301  
Chestnut Ridge, NY 10977

**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:

Emerald Chicago Investors LLC

Name

21073 Powerline Rd, Unit 35

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

Boca Raton

FL

33433

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..*



Mimi Sanik

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

FILED  
 2022 AUG 30 AM 8:04  
 CLERK OF DISTRICT COURT  
 11th JUDICIAL CIRCUIT  
 IN AND FOR FLORIDA

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

Moshe Wechsler

777 Chestnut Ridge Road, Suite 301

Chestnut Ridge, NY 10977

(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.

**REQUIRED SIGNATURE:**

*Moshe Wechsler*

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.

Moshe Wechsler

Typed or printed name of signee

**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)

FILED  
2022 AUG 30 AM 8:04  
CLERK OF STATE  
TALLAHASSEE, FL 32399