9/21/22, 4:15 PM Division of Corporations

L22000410360

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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Division of Corporations
Fax Number : (850)617-6381

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FLORIDA LIMITED LIABILITY CO.
IREP OCALA LP 91, LLC

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

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2022 SEP 21 AM 9:0
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Electronic Filing Menu Corporate Filing Menu Help

T. SCOTT
SEP 22 2022

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

HREP OCALA LP 91, 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:	**Mailing Address:**
68 3RD STREET, GW	68 3RD STREET, GW
BROOKLYN, NY 11231	BROOKLYN, NY 11231

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:

MAKSIM ECHUZ SHCHEGOLEVSKY
Name

4039 NW BLITCHTON RD
Florida street address (P.O. Box NOT acceptable)

OCALA	FL	34482
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..

FLORIDA LIMITED LIABILITY CO.
HREP OCALA
Registered Agent's Signature (REQUIRED)

Certificate of Stat	0
Certified Copy	(CONTINUED)
ge Count	Page 1 of 2
stimated Charges	$125.00

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DIVISION OF CORPORATIONS
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ARTICLE IV:
The name and address of each person authorized to manage and control the Limited Liability Company:

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
MGRM	MAKSIM ECHUZ SHCHEGOLEVSKY 4039 NW BLITCHTON RD OCALA, FL 34482

(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:

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.

MAKSIM ECHUZ SHCHEGOLEVSKY
Typed or printed name of signee

$125.00

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