

9/21/22, 3:39 PM

Division of Corporations

L22000410374

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.

(((H22000327671 3)))



H220003276713ABC/

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 : (850)617-6381

From:

Account Name : INTERSTATE FILINGS LLC
Account Number : 120110000086
Phone : (718)569-2703
Fax Number : (718)504-7890

****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.
HREP OCALA GP 26, LLC**

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

Electronic Filing Menu

Corporate Filing Menu

Help

((H22000327671 3)))

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

HREP OCALA GP 26, 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, CW
BROOKLYN, NY 11231

68 3RD STREET, CW
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 and 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

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

((H22000327671 3)))

22 SEP 21 PM 2:46

FILED

(((H22000327671 3)))

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGRM

Name and Address:

MAKSIM ECHUZ SHCHEGOLEVSKY

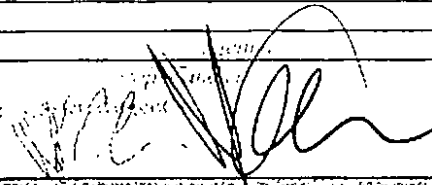
4039 NW BLITCHTON RD

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

((H22000327671 3)))

22 SEP 21 PM 2:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

(((H22000327671 3)))