## L22000410690

	(Requestor's Name)
·	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
	(During Fath Name)
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions to	o Filing Officer:

Office Use Only



900394517539

S. CHATHAM

SEP 2 2 2022





115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088

Date:	09/20/2022	
Name:	Greg Pintacuda	_
Reference	e #:1788214	_
		PHILIPSON MEMBER LLC
<b>√</b> Arti	icles of Incorporation/Authorization	to Transact Business
Am	endment	
Cha	ange of Agent	
☐ Rei	instatement	
Cor	nversion	
□ Ме	rger	
☐ Dis	solution/Withdrawal	
☐ Fict	titious Name	
Oth	ner	
Authorized	d Amount:\$125	
Signature:	ALM	

F: B00.944.6607

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

•	contain the words "Limited I	Liability Company	, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and stre	ect address of the principal o	ffice of the Limited	d Liability Company is:	
<u>Pri</u>	ncipal Office Address:		Mailing Address:	
2901 Stirling Ro Fort Lauderdale			11 Stirling Road, Suite 200 t Lauderdale, FL 33312	
another business entity with	an active Florida registration	n.)	You must designate an individual or	L. Port
-	an active Florida registration reet address of the registered Andrew Bronfeld	agent are:		22 SEP 21 PH
-	reet address of the registered			EP 21 PH 3: 4
-	Andrew Bronfeld  2901 Stirling Road, S	Name		22 SEP 21 PH 3: 41
-	reet address of the registered Andrew Bronfeld	Name Suite 200  (P.O. Box NOT a	occeptable)	EP 21 PM 3: 41
-	Andrew Bronfeld  2901 Stirling Road, S	Name		EP 21 PM 3: 41

(CONTINUED)

## ARTICLE IV-

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

"AMBR" = Authorized Mombor	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	1
Mgr	Philipson Family Limited Liability Company
WEI	22 Pleasant Ridge Rd
	22 Pleasant Ridge Rd Spring Valley, NY 10977
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
	SE SE
	<del></del>
	21 PH 3: 41
	<b>7</b>
(Use attachment if necessary)  CLE V: Effective date, if other than the	he date of filing:
CLE V: Effective date, if other than the effective date is listed, the date must ate of filing.)	es not meet the applicable statutory filing requirements, this date will not be liste
CLE V: Effective date, if other than the effective date is listed, the date must the of filing.)  If the date inserted in this block does	t be specific and cannot be more than five business days prior to or 90 days a es not meet the applicable statutory filing requirements, this date will not be list
CLE V: Effective date, if other than the effective date is listed, the date must ate of filing.)  If the date inserted in this block does becoment's effective date on the Department.	t be specific and cannot be more than five business days prior to or 90 days a es not meet the applicable statutory filing requirements, this date will not be liste
CLE V: Effective date, if other than the effective date is listed, the date must note of filing.)  If the date inserted in this block does becoment's effective date on the Depart CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:	t be specific and cannot be more than five business days prior to or 90 days a se not meet the applicable statutory filing requirements, this date will not be list rement of State's records.
CLE V: Effective date, if other than the effective date is listed, the date must note of filing.)  If the date inserted in this block does becoment's effective date on the Depart CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature C  This document is I am aware that an	t be specific and cannot be more than five business days prior to or 90 days a es not meet the applicable statutory filing requirements, this date will not be liste
CLE V: Effective date, if other than the effective date is listed, the date must note of filing.)  If the date inserted in this block does becoment's effective date on the Depart CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature C  This document is I am aware that an	of a member or an authorized representative of a member.  executed in accordance with section 605.0203 (1) (b), Florida Statutes.  hy false information submitted in a document to the Department of State degree felony as provided for in s.817.155, F.S.

as

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)