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Florida Department of State
Division of Corporations
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((H22000330295 3)))



H220003302953ABC

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To:

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

From:

Account Name : GERALD WEINBERG, P.C.
Account Number : I20030000043
Phone : (800)342-9856
Fax Number : (800)354-3381

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

2022 SEP 23 12:26 PM

22 SEP 23 PM 12:35

FLORIDA LIMITED LIABILITY CO.

CSS METRO WEST, LLC

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

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Sep. 23, 2022 10:47AM

GEALD WEINBERG

No. 4365 P. 2

(H22000330295 3)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CSS METRO WEST, 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:

2435 S. HIAWASSEE ROAD
ORLANDO, FL 32835

Mailing Address:

80 FIFTH AVENUE
SUITE 1101
NEW YORK, NEW YORK 10011

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:

INCORPORATING SERVICES, LTD.

Name

1540 GLENWAY DRIVE

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

TALLAHASSEE FLORIDA 32301

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.

Registered Agent's Signature (REQUIRED)

Elissa A. Moreau-Assistant Secretary

(CONTINUED)

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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:**

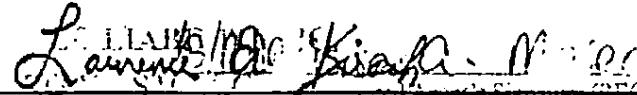
RAMMY HARWOOD
80 FIFTH AVENUE, SUITE 1101
NEW YORK, NY 10011

(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:


REQUIRE

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
 which constitutes a third degree felony as provided for in s.817.155, F.S.

LAWRENCE A. KIRSCH

Typed or printed name of signee

22 SEP 23 PM12:35

FILING FEE
TAMPA, FLORIDA

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

\$ 125.00
\$ 30.00
\$ 5.00

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