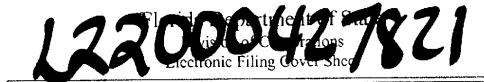
https://efile.sunbiz.org/scripts/efileovr.exe



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.

(((H22000339446 3)))



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To:

Division of Corporations

: (850)617-6381 Fax Number

From:

Account Name : FILE RIGHT LLC Account Number : I20170000091 : (718)878-5811 Phone Fax Number : (718)732-4580

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

Email	Address:		_					
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FLORIDA LIMITED LIABILITY CO. **5012 SW 89TH CC LLC**

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

Electronic Filing Menu

Corporate Filing Menu

Help

fax reference H22000339446 3

	, cc	OVER LETTER	
TO: No	ew Filing Section Vision of Corporations		
CUDIFOT	5012 SW 89TH CC LLC		
SUBJECT		mited Liability Company	
The enclose	ed Articles of Organization and fee(s) a	re submitted for filing.	
Please retu	n all correspondence concerning this m	natter to the following:	
		Name of Person	
	FILE RIGHT LLC		
		Firm/Company	
	5314 16TH AVENUE SUITE 139		
		Address	
	BROOKLYN, NY 11204		
		City/State and Zip Code	
	sales@fileacorp.com		
	E-mail address; (to be use	d for future annual report notification)	
For further in	formation concerning this matter, pleas	SECI ALLI	
	Rachelat (at	718 878-5811 AHASS	=
	Name of Person	Area Code - Daytime Telephone Number	1
Enclosed is	a check for the following amount:	7. P. 2.	
S125.00 Fi	ling Fee S130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	
	MailingAddress New Filing Section	StreetAddress New Filing Section	
	Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Division of Corporations Clifton Building 2661 Executive Center Circle	

Tallahassec, FL 32301

ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:

Mailing Address:

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

10454 SW 54TH STREET	10454 SW 54TH STREET
COOPER CITY, FL 33328	COOPER CITY, FL 33328
	

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:

Principal Office Address:

	Name	
10454 SW 54TH STI	REET	
Florida street address	s (P.O. Box <u>NOT</u> ac	rceptable)
	121	33328
COOPER CITY	FL.	33,340

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, Thereby 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..

/s/ Shmuel Chanin
Registered Agent's Signature (REQUIRED)
(CONTINUED)

22 OCT - 1 PM 2:57

22 NCT -1, PM 2:5

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Page: 5 of 5

<u> Title:</u>	Name and Address:
AMBR" = Authorized Member MGR" = Manager	
AMBR	MENDL CHANIN
	1594 UNION STREET
	BROOKLYN, NY 11213
	
<u>.</u> .	
	
	
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