

Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : VCORP SERVICES, LLC

Account Number: 120080000067 Phone : (845)425-0077 Fax Number : (845)818-3588

**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

FLORIDA LIMITED LIABILITY CO. TEG 175 Kings Highway III LLC

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

Electronic Filing Menu Corporate Filing Menu

OCT 25 2022

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

TEG 175 Kings Highway III 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:
365 Rte 59, Suite 110	365 Rte 59, Suite 110
Airmont, NY 10952	Airmont, NY 10952

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.

	Name	
1200 South Pine Isla	ınd Road	
Florida street addres	ss (P.O. Box NOT ac	centable)
		- ,
Plantation	F1.	33324

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..

Mimi Sanik

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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Title:	Name and Address:		
"AMBR" = Authorized Member "MGR" = Manager			
MGR	Yshia David Willner		
	365 Rte 59, Suite 110		
	Airmont, NY 10952	_	
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(Use attachment if necessary)		P# 12:	! ;
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CLE V: Effective date, if other than the date of filing:	d cannot be more than five business days prior to or	20,00	
effective date is listed, the date must be specific and ite of filing.)	d cannot be more than live business days prior to or	yu days :	iller
: If the date inserted in this block does not meet the a	applicable statutory filing requirements, this date will	not be list	ed as
ocument's effective date on the Department of State's	s records.		
ICLE VI: Other provisions, it any.			
REOLIRED SIGNATURE:	enditation		
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	r an authorized representative of a member. cordance with section 605.0203 (1) (b), Florida Statuto	:\$.	
I am aware that any false informa	ation submitted in a document to the Department of Sta		
constitutes a third degree felony a	as provided for in 8.817 100, ft S.		
Racesa Ibrahim			

Typed or printed name of signee

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)