(R	equestor's Name)	
(A	ddress)	
(A	ddress)	-
(C	ity/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL MAIL
(B	usiness Entity Name)	
(D	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	
!		
	Office Use Only	ik



300397031343

11/02/22--01011--015 \*\*125.00



## COVER LETTER

TO: New Filing Section Division of Corporations		
SUBJECT: Page 716	1 \ C	
SUBJECT: Page 716 Name of Lin	mited Liability Company	
The enclosed Articles of Organization and fee(s) ar	re submitted for filing.	
Please return all correspondence concerning this m	atter to the following:	
Jemifer W	eber	
	Name of Person	
	Firm/Company	
	1 mm/company	
24 mayber	Modern Address	
Pe aceofmind.	ga NY 14227 Thy/State and Zip Code _F1 @yahao: Com	
E-mail address; (to be used	for future annual report notificat	ion)
For further information concerning this matter, pleas	e call:	
<u>Jennifer Weber</u> at (at (	ヨ旨ユー) 212-9949 Area Code — Daytime Telephon	ne Number
Enclosed is a check for the following amount:		
XS125.00 Filing Fee ☐\$130.00 Filing Fee & Certificate of Status	☐\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address	Street Address	luisian.
New Filing Section Division of Corporations P.O. Box 6327	New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Page 716 LLC (Must contain the words "Limited Liability	
(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:	Mailing Address:
268 W Sugarmaple Lane	24 mayberry Drive East
Bevery Hills Fr 34765	24 Mayberry Drive Easit Checkburga NY 14227
The name and the Florida street address of the registered agent a	Der Zer Z
<u>Jb8 W. Susara</u> Florida street address (P.O. 1	Box NOT acceptable)
Beverta Hills	FL 34465
City St	FL 34465 FG P
laving been named as registered agent and to accept service of produce designated in this certificate. I hereby accept the appointment or ther agree to comply with the provisions of all statutes relating to m familiar with and accept the obligations of my position as regist	ocess for the above stated limited flability company at the second task registered agent and agree to act in this capacity. I of the proper and complete performance of my duties, and I
Registered Age	ent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

<u>Title:</u>	Name and Address:
"AMBR" = Autho.	
"MGR" = Manage	
MGR	Jennîter Weber 2008 W. Susarmophe Lone Beredy Hous Fr 34465
	have be the surface
_Amsk_	Richard Pawelski
	Shallare Arenue
	Check towage NY 14227
	<del></del>
	F. R T
	Ti.
	三年 <b>3</b> 元
(Use attachment if	necessary)
ADTICLE Ve. Diffusion Lar	e, if other than the date of filing: 1/1/23 (OPTIONAD)
	I, the date must be specific and cannot be more than five business days prior to or 90 days after
he date of filing.)	, the date must be specific and cannot be more than the business days prior to or 20 days after
	i this block does not meet the applicable statutory filing requirements, this date will not be listed as
	te on the Department of State's records.
e destrocation de la calcalación de la	
ARTICLE VI: Other provis	ions, if any,
	***************************************
<u>REQUIRED</u> SIG	NATURE:
	- Jefulhar
Th	Signature of a member or an authorized representative of a member, its document is executed in accordance with section 605,0203 (1) (b), Florida Statutes.
	m aware that any false information submitted in a document to the Department of State
	nstitutes a third degree felony as provided for in s.817.155, F.S.
	\a_ (6-11a)
	Jenn Geweber Typed or printed name of signee
	Typed or printed name or 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)