From: Vcorp Services, LLC

Florida Department of State

Division of Corporations
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To:

Division of Corporations

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From:

Account Name : VCORP SERVICES, LLC

Account Number : I20080000067 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:	

FLORIDA LIMITED LIABILITY CO. 3240 Churchill Drive LLC

Certificate of Status	0
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Page Count	03
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FLORIDA DEPARTMENT OF STATE Division of Corporations

VCORP SERVICES, LLC

November 17, 2022

SUBJECT: 3240 CHURCHILL DRIVE LLC

REF: W22000143955

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Florida law requires the principal office address to be a street address.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Genesis R Kersey OPS Clerk

FAX Aud. #: H22000391133 Letter Number: 222A00025644

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

3240 Churc	hill Drive LLC			
(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")				
ARTICLE II - Address: The mailing address and street address of the principa Principal Office Address:	l office of the Limited Liability Company is: Mailing Address:			
The mailing address and street address of the principa				

 $ARTICLE\,III-Registered\,Agent,\,Registered\,Office,\,\&\,Registered\,Agent's\,Signature;\\$

(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:

Vcorp S	ervices, LLC			
	Name			
1200 South Pine Island Road				
Florida street address	(P.O. Box <u>NOT</u> :	receptable)		
Plantation, Florida 33324				
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..

Miriam Nachison
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Title: Name and Address: "AMBR" = Authorized Member "MGR" = Manager AMBR. Larry Friedman PO Box 789 Mamaroneck, NY 10543. (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 tiling 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: 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 constitutes a third degree felony as provided for in s.817.155, F.S.

Typed or printed name of signee

Filing Fees:

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

Larry Friedman

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)