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DESIGNATION OF THE SECOND SECO

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	ew Filing Se ivision of Co					
SUBJECT		182ND ST NMB, LLC				
	Name of Limited Liability Company					
The enclos	ed Articles o	f Organization and fee(s) are	e submitted	for filing.		
Please retu	rn all corresp	ondence concerning this ma	itter to the f	ollowing:		
	Shai Perry					
			Name of	Person		
			Firm/Co	прапу		
	1266 NE 18	2nd Street				
			Addro	ess -		
	North Mian	ni Beach, FL 33162				
	100000		ity/State and	l Zip Code		
-	sp4000@gma		Con Garage			
		E-mail address: (to be used	ior suture a	muai report notificati	ion)	
For further in	nformation co	oncerning this matter, please	call:			
		21.4)		
,	Nan			Daytime Telephon	·	
Enclosed is	a check for t	the following amount:				
■\$ 125.00	Filing Fee	□\$130,00 Filing Fee & Certificate of Status	Certific	.00 Filing Fee & d Copy I copy is enclosed)	□\$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	
	<u>Mailir</u>	ng Address		Street Address		
		iling Section		New Filing Section Di		
Division of Corporations P.O. Box 6327			The Centre of Tallahassee 2415 N. Monroe Street, Suite 810			
		nassee, FL 32314		Tallahassee, FL 3230		

FLORIDA FILING & SEARCH SERVICES, INC.

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DATE: 01/11/23

NAME: 1266 NE 182ND ST NMB, LLC

TYPE OF FILING: ARTICLES

COST: 125.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

1266 NE 182ND S'	ΓNMB, LLC			
(Must con	ntain the words "Limited Li	ability Company.	"L.L.C.," or "LLC.")	_
ARTICLE II - Address:				
he mailing address and street	address of the principal off	ice of the Limited	Liability Company is:	
Principal Office Address:			Mailing Address:	
37 Deerwood Road		37 D	eerwood Road	
Suffern, NY 10901		Suffern, NY 10901		
ARTICLE III - Registered Ap The Limited Liability Compan	ly cannot serve as its own R	egistered Agent.		
The Limited Liability Compan nother business entity with an	ly cannot serve as its own R active Florida registration.	egistered Agent.")	nt's Signature:	
The Limited Liability Compan	y cannot serve as its own R active Florida registration. t address of the registered a	egistered Agent.")	nt's Signature:	
The Limited Liability Compan nother business entity with an	y cannot serve as its own R active Florida registration. t address of the registered a Shai Perry	egistered Agent.")	nt's Signature:	
The Limited Liability Compan nother business entity with an	y cannot serve as its own R active Florida registration. t address of the registered a Shai Perry	egistered Agent.") gent are:	nt's Signature:	
The Limited Liability Compan nother business entity with an	y cannot serve as its own R active Florida registration. t address of the registered a Shai Perry	egistered Agent. ') gent are: Name	nt's Signature: You must designate an individual or	11
The Limited Liability Compan nother business entity with an	ey cannot serve as its own R active Florida registration. It address of the registered a Shai Perry 1266 NE 182nd Street	egistered Agent. ') gent are: Name	nt's Signature: You must designate an individual or	

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)

(CONTINUED)

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	
	MGR	Shai Perry
		37 Deerwood Road
		Suffern, NY 10901
	MCD	Esther Raice 37 Deerwood Road Suffern, NY 10901
	MGR	Esther Raice 37 Deerwood Road
		Suffern, NY 10901
) ,
		7 gi
		<u> </u>
If an effe he date o Note: If i the docum	ctive date is listed, the date must be speci f filing.)	filing: (OPTIONAL) fic and cannot be more than five business days prior to or 90 days after et the applicable statutory filing requirements, this date will not be listed as State's records.
	REOUIRED SIGNATURE:	M
	Signature of a memb This document is executed I am aware that any false in	or an authorized representative of a member, in accordance with section 605,0203 (1) (b), Florida Statutes, formation submitted in a document to the Department of State lony as provided for in s.817,155, F.S.
	Shai Perry	
		Typed or printed name of signee
	•	Alice on hormon manne on submer

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)