

L23000020083

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

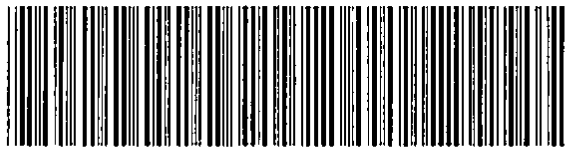
(Document Number)

and Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900400727399

FILED
2013 MAR 21



10 PM 3:25

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 384929 8403009

AUTHORIZATION :

COST LIMIT : \$130,000

ORDER DATE : January 18, 2023

ORDER TIME : 1:46 PM

ORDER NO. : 384929-005

CUSTOMER NO: 8403009

DOMESTIC FILING

NAME: 409 17TH STREET REALTY
ASSOCIATES LLC

EFFECTIVE DATE:

ARTICLES OF INCORPORATION
CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker - EXT.

EXAMINER'S INITIALS: _____

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: 409 17th Street Realty Associates LLC

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are
submitted for filing. Please return all correspondence
concerning this matter to the following:

Kevin Collins
Name of Person

1 Northside Piers, Apt 17H
Brooklyn NY 11249

Address

kev.e.collins@gmail.com
E-mail address: (to be used for future annual report

notification) For further information concerning this matter, please call:

MICHAEL SHAPIRO at (212) 417 9191 Name of Person
Area Code Daytime Telephone
Number

Enclosed is a check for the following amount:

☐ \$125.00
Filing Fee

X\$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

New Filing Section Division of
Corporations

P.O. Box 6327 Tallahassee, FL
32314

Street Address
New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

409 17th Street Realty Associates LLC

(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:

c/o Kevin Collins, 1 Northside Piers, Apt 17H
Brooklyn NY 11249

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:

Corporation Service Company
Name

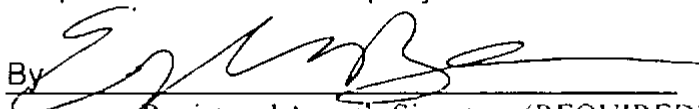
1201 Hays Street
Florida street address (P.O. Box **NOT** acceptable)

<u>Tallahassee</u>	<u>FL</u>	<u>32301</u>
City	State	Zip

FILED
MAR 13 2013
TALLAHASSEE, FL
CLERK OF CIRCUIT COURT

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..

Corporation Service Company

By 
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:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

AMBR AND MGR: Kevin Collins
kev.e.collins@gmail.com
1 Northside Piers, Apt 17H
Brooklyn NY 11249

AMBR AND MGR: Matthew O'Connell
matoc59@gmail.com
51 Park Avenue, Apt E
Babylon NY 11702

FILED
ST. JOHN COUNTY
CLERK
JAN 18 PM 4:21

(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 filing 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:

Kevin Collins

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.

Kevin Collins

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)

2016 JUL 21 10:31 AM
STATE OF ARIZONA
SECRETARY OF STATE