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TALLAHASSEE. FLORE

CORPORATION SERVICE COMPANY 1201 Hays Street
Tallhassee FL 32301

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195
REFERENCE : 420227 8169821
AUTHORIZATION :
COST LIMIT 125.00
ORDER DATE : January 30, 2023
ORDER TIME: 12:56 PM
ORDER NO. : 420227-005
CUSTOMER NO: 8169821
DOMESTIC FILING
NAME: PALM COAST INDUSTRIAL EQUITIES 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 CERTIFICATE OF GOOD STANDING
CONTACT PERSON: Alexxis Weiland - EXT.
EXAMINER'S INITIALS:

COVER LETTER

TO:	New Filing S Division of C	Section Corporations		
OUD.		ast Industrial Equities LLC		
SUBJ	EC1:	Name of Li	mited Liability Company	
The er	iclosed Articles	of Organization and fee(s) a	re submitted for filing.	
Please	return all corre	spondence concerning this m	natter to the following:	
	David R. I	Feinberg, Esq.		
			Name of Person	
	c/o Time l	Equities, Inc.		
		<u></u>	Firm/Company	
	55 Fifth A	venue, 15th Floor		
			Address	
	New York	NY 10003		
			City/State and Zip Code	
	dfeinberg@	timeequities.com	I for future annual report notifica	ation)
ran Gant	ar information	concerning this matter, pleas		,
ror ium				
	David R. F		12 206-6070	
	Na	ime of Person A	area Code Daytime Telepho	one Number
Enclos	ed is a check for	r the following amount:		
		_	Certified Copy (additional copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		ling Address	Street Address New Filing Section I	Division
New Filing Section Division of Corporations		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
P.O. Box 6327 Tallahassee, FL 32314				

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Palm Coast Industri	ial Equities LLC				
	natin 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:		
Princi	pal Office Address:		Mailing Address:		
24 Church Street					
				-	
Montelair, NJ 0704		& Registered Agen	it's Signature:	SECRE SECRE	
Montclair, NJ 0704	gent, Registered Office, by cannot serve as its own active Florida registration address of the registere	n Registered Agent. \ on.) d agent are:	it's Signature: You must designate an individual or	SECRETARY OF S	
Montclair, NJ 0704 ARTICLE III - Registered Ag (The Limited Liability Compan another business entity with an	gent, Registered Office. y cannot serve as its own active Florida registration	n Registered Agent. \ on.) d agent are:	You must designate an individual or 会会	SECRETARY OF STATE	
Montclair, NJ 0704 ARTICLE III - Registered Ag (The Limited Liability Compan another business entity with an	gent, Registered Office, by cannot serve as its own active Florida registration address of the registere	n Registered Agent. Von.) d agent are: Company	You must designate an individual or 会会	9	
Montclair, NJ 0704 ARTICLE III - Registered Ag (The Limited Liability Compan another business entity with an	gent, Registered Office, y cannot serve as its own active Florida registration address of the registere Corporation Service 1201 Hays Street	n Registered Agent. Von.) d agent are: Company	You must designate an individual or	SECRETARY OF STATE	
Montclair, NJ 0704 ARTICLE III - Registered Ag (The Limited Liability Compan another business entity with an	gent, Registered Office, y cannot serve as its own active Florida registration address of the registere Corporation Service 1201 Hays Street	n Registered Agent. Von.) d agent are: Company Name	You must designate an individual or	SECRETARY OF STATE	

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

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 <u>MGR</u>	Bryan Becker The Becker Organization, 24 Church Street Montclair, NJ 07042 A A A A A A A A A A A A A
	N 30 PH I2: 5
	
(If an effective date is listed, the date must be	ate of filing:
the date of filing.) Note: If the date inserted in this block does not the document's effective date on the Department.	of meet the applicable statutory filing requirements, this date will not be listed as ent of State's records.
ARTICLE VI: Other provisions, if any.	
This document is exe	member of an authorized representative of a member. cuted in accordance with section 605.0203 (1) (b), Florida Statutes. alse information submitted in a document to the Department of State type felony as provided for in s.817.155, F.S.
<u>David R. Feinl</u>	

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)