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D	ate:	03/10/2023	- w: DW
	•	Acc#I20160000072	- 4n: Cook
Name:	DFILP Parks	Penrose LLC	
Document #:			
Order #:	14829554		
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing: Certified Copy of			
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Thank you!

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TO:	New Filing Sec Division of Co					
SUBJEC		ks Penrose LLC				
000000	···	Nan	e of Limited L	iability Company		
The encl	osed Articles of	Organization and	fee(s) are subm	itted for filing.		
Please re	turn all correspo	ondence concerning	g this matter to	the following:		
	Tara Bowen					20 S
			Nan	ne of Person		73 H
	Auburndaie	Properties Inc				SECRETARY OF STATE
	-	··	Firm	n/Company		
	50 Tice Blv	d. Suite 320				H 0:
			·	\ddress		52 Fig.
	Woodcliff L	ake, NJ 07677				•
	Thowen@aul	pproperties.com	City/Sta	te and Zip Code		
			be used for fut	ure annual report notificat	ion)	
For further	r information co	ncerning this matte	r, please call:			
	Tara Bowen		201 at (594-6174		
	Nan	e of Person	Area Co	de Daytime Telephor	ne Number	
Enclosed	is a check for t	he following amou	nt:			
□\$125.0	00 Filing Fee	□\$130.00 Filing Certificate of St	atus Ce	IS155.00 Filing Fee & crtified Copy itional copy is enclosed)	■\$160.00 Certificate Certified Co (additional co	of Status &
	New F Divisio P.O. B	ng Address iling Section on of Corporations ox 6327 assee, FL 32314		Street Address New Filing Section D The Centre of Tallah 2415 N. Monroe Stre Tallahassee, Fl. 3230	assec et, Suite 810	

ARTICLES OF ORGANIZATION FOR FLORIDALIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

DFILP Parks Penrose LLC (Must contain the words "Limited Liabi	lity Company, "L.L.C.," or "LLC.")	\$ 03\$	2023	= কম
ARTICLE II - Address: The mailing address and street address of the principal office	of the Limited Liability Company is:		HAR I	11 mm
Principal Office Address:	Mailing Address:	87 OF 13895	0 4	
c/o Auburndale Properties Inc	c/o Auburndale Properties Inc		5	· 1
50 Tice Blvd, Suite 320	50 Tice Blvd, Suite 320			
Woodcliff Lake, NJ 07677	Woodcliff Lake, NJ 07677	- [75	

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:

C T Corporation Sys	tem	
	Name	
1200 South Pine Isla	nd Road	
Florida street addres	s (P.O. Box <u>NOT</u> acc	eptable)
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..

By Clicate Survey

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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 Dempsey Family Investments Limited Partnership c/o Auburndale Properties Inc, 50 Tice Blvd, Suite 320 Woodcliff Lake, NJ 07677 AMBR BJD Holdings LLC c/o Auburndale Properties Inc. 50 Tice Blvd, Suite Woodeliff Lake, NJ 07677 MGR Benjamin J. Dempsey c/o Auburndale Properties Inc. 50 Tice Blvd, Suite 320: Woodcliff Lake, NJ 07677 (Use attachment if necessary) ___. (OPTIONAL) ARTICLE V: Effective date, if other than the date of filing: ___ (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: 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. Tal Mor - Duly Authorized on behalf of BJD Holdings LLC 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)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)