

To:

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From: Alexander England

3/17/23, 1:04 PM

Division of Corporations

L230001025874

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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((H23000102304 3)))



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FLORIDA LIMITED LIABILITY CO.  
PORT ST. LUCIE FL HOLDCO LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

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FALL ASSOCIATES, FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is

PORT ST. LUCIE FL. HOLIDAY LLC

(Must end with 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:

3512 QUEENIN ROAD, SUITE 200  
BROOKLYN, NY 11234

3512 QUEENIN ROAD, SUITE 200  
BROOKLYN, NY 11234

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.)

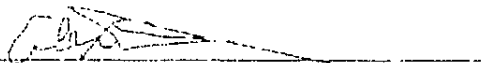
The name and the Florida street address of the registered agent are

INTERSTATE AGENT SERVICES, LLC  
Name

100 SE 2ND STREET SUITE 2000 & 2001  
Florida street address (P.O. Box NOT acceptable)

MIAMI                      FL                      33131  
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.*

  
\_\_\_\_\_  
Registered Agent's Signature (REQUIRED)

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**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company

<u>Title:</u>	<u>Name and Address:</u>
"AMBR" - Authorized Member	
"MGR" - Manager	
MGR	ROBERT SCHOENFELD 5513 QUENTIN ROAD, SUITE 200 BROOKLYN, NY 11234

(Use attachment, if necessary.)

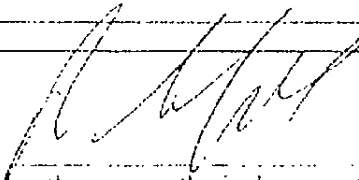
ARTICLE V: Effective date, if other than the date of filing, \_\_\_\_\_ (OPTIONAL)  
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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:**



Signature of a member or an authorized representative of a member.  
This document is executed in accordance with section 605.020(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.)

ROBERT SCHOENFELD

Typed or printed name of signer

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