

3/10/23, 10:56 AM

Division of Corporations
 Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

L230000130556

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To:

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STATE
 TALLAHASSEE, FL

2023 MAR 21 AM 12:45

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FLORIDA LIMITED LIABILITY CO.

FL7 Master Tenant LLC

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

2023 MAR 21 PM 12:18

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Corporate Filing Menu

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

FL7 MASTER TENANT 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:3512 QUENTIN ROAD, SUITE 200
BROOKLYN, NY 11234Mailing Address:3512 QUENTIN 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

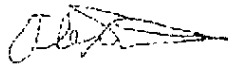
100 SE 2ND STREETFlorida street address (P.O. Box **NOT** acceptable)MiamiFL33131

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 and further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties and 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)

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 2023 MAR 21 AM 12:41
 CLERK OF DISTRICT COURT
 TALLAHASSEE, FL

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ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MANAGER**Name and Address:**ROBERT SCHOENFELD3512 QUENTIN ROAD, SUITE 200BROOKLYN, NY 11234______________________________

(Use attachment if necessary)

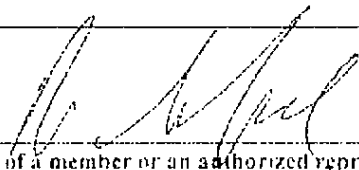
ARTICLE V: Effective date, if other than the date of filing: _____

(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 605.0203 (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.

ROBERT SCHOENFELD

Typed or printed name of signer

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