LZ3000141822

(Re	equestor's Name)	· · · · · ·
(Ac	dcress)	
(Ac	ddress)	
(Cı	ty/State/Zip/Phone #)	
PICK-UP	WAJT	MAIL
(Bu	siness Entity Name)	
(Do	ocument Number)	
c Copies	Certificates o	f Status
of Instructions to Filin	ng Officer:	
		<u> </u>

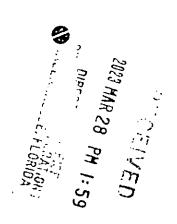
Office Use Only



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FILED



Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301 850.656.7956

Fax: 850.656.7953 www.incserv.com

e-mail: accounting@incserv.com

ORDER FORM

TO Florida Department of State

The Centre of Tallahassee 2415 North Monroe Street, Suite 810 Tallahassee, FL 32303

corphelp@dos.myflorida.com

850-245-6051

FROM

Melissa Moreau mmoreau@incserv.com 850.656.7953

REQUEST DATE 03/28/2023

PRIORITY Routine

OUR REF # (Order ID#) Devon

ORDER ENTITY

VANDERBILT FG LLC

PLEASE PERFORM THE FOLLOWING SERVICES:

VANDERBILT FG LLC

Please file the attached qualification.

NOTES:

\$125.00 Authorized

(Email address for annual report reminders: radiv@incserv.com

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: 120050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

ARTICLES OF ORGANIZATION FOR FLORIDALIMITED LIABILITY COMPANY

The name of the Limited Liabilit	y company is.			
VANDERBILT FG				
(Must cona	tin the words "Limited	Liability Company, "I	L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street a	ddress of the principal o	office of the Limited L	iability Company is:	
<u>Princip</u>		Mailing Address:		
77 Knollwood Rd		77 Kn	77 Knollwood Rd	
Short Hills, NJ 07078			Short Hills, NJ 07078	
(The Limited Liability Company another business entity with an a The name and the Florida street	active Florida registration address of the registered Incorporating Service 1540 Glenway Drive	on.) d agent are: ees, Ltd Name		
	Tallahasee	Florida	32301	
	City	State	Zip	
laving been named as registered of clace designated in this certificate, further agree to comply with the pr am familiar with and accept the ob	I hereby accept the approvisions of all statutes religations of my position incorporating Sec	pointment as registered relating to the proper a as registered agent as	agent and agree to act nd complete performant provided for in Chapter	in this capacity. I ce of my duties, and I

(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:
MGR	Edward Sheridan 77 Knollwood Rd Short Hills, NJ 07078
MGR	Patrick Sheridan c/o 77 Knollwood Rd Short Hills, NJ 07078
MGR	Kelly Florentino c/o 77 Knollwood Rd Short Hills, NJ 07078
	
(Use attachment if necessary)	
(If an effective date is listed, the date must the date of filing.)	be specific and cannot be more than five business days prior to or 90 days after s not meet the applicable statutory filing requirements, this date will not be listed as timent of State's records.
REQUIRED SIGNATURE:	
This document is fam aware that an	f a member or an authorized representative of a member. executed in accordance with section 605.0203 (1) (b), Florida Statutes. y false information submitted in a document to the Department of State degree felony as provided for in s.817.155, F.S.

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

Ling W. Lau, Authorized Representative
Typed or printed name of signee

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)