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Florida Department of State
 Division of Corporations
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To:
 Division of Corporations
 Fax Number : (850)617-6381

From:
 Account Name : GERALD WEINBERG, P.C.
 Account Number : 120030000043
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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2023 MAR 31 PM 2:14

STATE
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**FLORIDA LIMITED LIABILITY CO.
 1840 PLEASANT MAPLE CT LLC**

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

2023 MAR 31 PM 3:19

HD3000/217565

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

1840 PLEASANT MAPLE CT LLC

(Must contain 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:

16 WATERSIDE PARKWAY
STATEN ISLAND, NY 10308

16 WATERSIDE PARKWAY
STATEN ISLAND, NY 10308

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:

NATALIA WEGLIKA
Name

1840 PLEASANT MAPLE CT
Florida street address (P.O. Box **NOT** acceptable)

LAKEWOOD RANCH FLORIDA 34211
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.

/s/ NATALIA Weglika
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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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

AMBR

NATALIA WEGLIKA
16 WATERSIDE PARKWAY
STATEN ISLAND, NY. 10308

AMBR

MAREK WEGLIKA
16 WATERSIDE PARKWAY
STATEN ISLAND, NY. 10308

(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:

Lawrence A. Kirsch

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.

LAWRENCE A. KIRSCH

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)
- \$ 5.00 Certificate of Status (Optional)

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