From: Veronica Gonzalez Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H230001734503)))



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : RASI

Account Number : 120220000023 Phone : (800)221-2972 Fax Number : (917)243-5843

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email	Address	:			

FLORIDA LIMITED LIABILITY CO.

2105 OKEECHOBEE REALTY LLC

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

Electronic Filing Menu

Corporate Filing Menu

Help

AKTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

2105 Okeechobee Realty LLC

(Must end with the words "Limited Liability Company, "L.I.C.," or "I.LC.")

ARTICLE II - Address:

The mailing address and street ad	dress of the principal	office of the Limited	Liability Company is:	
Principa	l Office Address:		Mailing Addr	<u>ess</u> :
1430 Broadway Ste-9 New York NY 10018			0 Broadway Ste 903 v York NY 10018	
ARTICLE III - Registered Ages (The Limited Liability Company of another business entity with an act The name and the Florida street a	cannot serve as its ow ctive Florida registrati	n Registered Agent. ion.) ed agent are:	nt's Signature: You must designate an ind	2023 KA SECRE
	The growted Figure 5	Name		Y IO P TARY O AHASS
	2894 Remington Gr	reen Ln. Ste. A		
	Florida street addre	ss (P.O. Box NOT a	eceptable)	ුරු 🗘 🧯
	Tallahassee	FL	32308	. 0
	City	State	Zip	1.1

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.,

> Jacom Wingst Jaclyn Wright, Asst. Secretary Registered Agent's Signature (REQUIRED)

> > (CONTINUED)

Page 1 of 2

Page: 4 of 5

Title:	Name and Address:
"AMBR" = Authorized Mem	
"MGR" = Manager	
AMBR	Michael Kane
	1430 Broadway Ste 903
	New York NY 10018
	<u>~</u>
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	مرحق - بهت
	<u>>></u>
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\$ 5:00 Certificate of Status (Optional)

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Fax Server



May 10, 2023

FLORIDA DEPARTMENT OF STATE Division of Corporations

RASI

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SUBJECT: 2105 OKEECHOBEE LLC

REF: W23000067659

SECRETARY OF STATE

023 MAY 10 PM 5: 01

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name of the entity listed on the fax cover sheet and the name of the entity listed in the document must be identical. Please amend the document or the fax cover sheet accordingly.

If you have any further questions concerning your document, please call (850) 245-6052.

Crystal S Hightower Regulatory Specialist II CoT FAX Aud. #: H23000173450 Letter Number: 823A00010616