

Jun. 1 2023 11:18AM  
 Florida Department of State  
 Division of Corporations  
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To: Division of Corporations  
 Fax Number : (850)617-6381

*Handwritten signature/initials*

From: Account Name : GERALD WEINBERG, P.C.  
 Account Number : I20030000043  
 Phone : (800)342-9856  
 Fax Number : (800)354-3381

\*\*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.  
 BAVARIA FOREST SIX LLC

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

RECEIVED  
 2023 JUN -1 PM 3:38  
 CORPORATIONS  
 COMMERCIAL  
 SERVICES

2023 JUN -1 AM 5:41  
 FL. S. D.  
 STATE DEPT OF STATE  
 TALLAHASSEE, FL

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

BAVARIA FOREST SIX 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:

<u>Principal Office Address:</u>	<u>Mailing Address:</u>
<u>2220 2ND AVENUE NORTH</u>	<u>160 FRONT STREET, APT 511</u>
<u>SAINT PETERSBURG, FL 33713</u>	<u>BROOKLYN, NY 11201</u>

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:

SEBASTIAN BENKERT  
Name

2220 2ND AVENUE NORTH  
Florida street address (P.O. Box **NOT** acceptable)

<u>SAINT PETERSBURG</u>	<u>FL</u>	<u>33713</u>
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/ Sebastian Benkert  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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 TALLAHASSEE, FL

**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:**

AMBR

SEBASTIAN BENKERT  
160 FRONT STREET, APT 511  
BROOKLYN, NY 11201

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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(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:**

*15/ Sebastian Benkert*

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.

SEBASTIAN BENKERT  
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)

2023 JUN -1 AM 5:42  
STATE DEPT OF STATE  
TALLAHASSEE, FL  
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