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| PICK-UP WAIT MAIL                       |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer. |
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Office Use Only



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## CORPORATE ACCESS, \_\_\_\_\_

When you need ACCESS to the world

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SPECIAL

**INSTRUCTIONS:** 

(CORPORATE NAME AND DOCUMENT #)

236 East 6th Avenue. Tallahassee, Florida 32303 P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

## **WALK IN**

MISTY 6/13

PICK UP:

CERTIFIED COPY

XX PHOTOCOPY

CUS

XX FILING LLC

NE 20<sup>TH</sup> PLACE LLC

(CORPORATE NAME AND DOCUMENT #)

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| The name of the Limited Lia   |   |  |  |
|---|---|--|--|
| NE 20TH PLAC  | E LLC   |  |  |
| (Must   | contain the words "Limited L  | iability Company,                                | "L.L.C.," or "LLC.")                                   |
| RTICLE II - Address:  |   |  |  |
| he mailing address and stre   | eet address of the principal of   | fice of the Limited                              | Liability Company is:                                  |
| <u>Prii</u>   | ncipal Office Address:  |  | Mailing Address:                                       |
|   |   |  |  |
| 1044 Broadway   |   | 104  | 4 Broadway   |
| Woodmere NY    RTICLE III - Registered The Limited Liability Comp                                   | Agent, Registered Office, &   | Wood Registered Ages Registered Agent.           | odmere NY 11598  |
| Woodmere NY  RTICLE III - Registered The Limited Liability Composition of the business entity with  | Agent, Registered Office, & pany cannot serve as its own F an active Florida registration   | Registered Ager<br>Registered Agent.             | nt's Signature:  |
| Woodmere NY  ARTICLE III - Registered The Limited Liability Composition of the business entity with | Agent, Registered Office, & pany cannot serve as its own F an active Florida registration reet address of the registered a  | Registered Age<br>Registered Agent.              | nt's Signature:  |
| Woodmere NY  RTICLE III - Registered The Limited Liability Composition of the business entity with  | Agent, Registered Office, & pany cannot serve as its own F an active Florida registration reet address of the registered a  | Registered Age<br>Registered Agent.              | nt's Signature:  |
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| Woodmere NY  ARTICLE III - Registered The Limited Liability Composition of the business entity with | Agent, Registered Office, & pany cannot serve as its own F an active Florida registration reet address of the registered a Corporate Creations N                  | Registered Agent.  Agent are:  etwork Inc.  Name | nt's Signature:<br>You must designate an individual or |
| Woodmere NY  RTICLE III - Registered The Limited Liability Composition of the business entity with  | Agent, Registered Office, & pany cannot serve as its own F an active Florida registration reet address of the registered a Corporate Creations N 801 US Highway 1 | Registered Agent.  Agent are:  etwork Inc.  Name | nt's Signature:<br>You must designate an individual or |

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

| (Use attachment if necessary)  CLE V: Effective date, if other than the date of filing:  co of filing.)  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will no cument's effective date on the Department of State's records.  CLE 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.  Mayer Berkovits  Typed or printed name of signee  Filing Fees:  \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent  | <u>Title:</u> "AMBR" = Authorized Member   | Name and Address:  |
|--|--|--|
| AMBR  BAM PROPERTY DEVELOPMENT LLC  1044 Broadway  Woodmere NY 11598  (Use attachment if necessary)  LE V: Effective date, if other than the date of filing:  Gettive date is listed, the date must be specific and cannot be more than five business days prior to or 90 of filing.)  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will no ument's effective date on the Department of State's records.  LE 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.  Mayer Berkovits  Typed or printed name of signee  Filing Fees:  |  |  |
| (Use attachment if necessary)  CLE V: Effective date, if other than the date of filing:  | AMBR   | BAM PROPERTY DEVELOPMENT LLC   |
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| \$ 30.00 Certified Copy (Optional)   | rective date is listed, the date must be specific of filing.)  If the date inserted in this block does not meet ument's effective date on the Department of State VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a membratis document is executed in a may a sure that any false infeconstitutes a third degree felomates.  Mayer Berkovits  Type of the specific of the spe | the applicable statutory filing requirements, this date will not state's records.  But the applicable statutory filing requirements, this date will not state's records.  er or an authorized representative of a member. in accordance with section 605.0203 (1) (b), Florida Statutes. formation submitted in a document to the Department of State ony as provided for in s.817.155, F.S.  yped or printed name of signee  Filing Fees:   |