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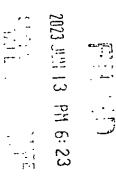
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NAME: 801 FAIRHAVEN LLC

TYPE OF FILING: ARTICLES

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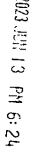
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COVER LETTER

	Filing Section of Cor				
OND THEFT		801 F	airhaven Ll	.C	
SUBJECT:		Name of Lim	ited Liabilit	y Company	
The enclosed	Articles of	Organization and fee(s) are	submitted	for filing.	
Please return	all correspo	ondence concerning this ma	tter to the fo	llowing:	
		Step	hen P. McC	onnell, Esq.	
_	<u> </u>		Name of I	² erson	
		Rege	er Rizzo & I	Darnall LLP	
_			Firm/Coi	npany	
		2	929 Arch Si	, 13th Floor	
			Addre	SS	
		p	hiladeIphia.	PA 19104	
			ity/State and	l Zip Code egerlaw.com	
	<u>. </u>	E-mail address: (to be used			on)
For further info	ormation co	ncerning this matter, please	call:		
	Stephen P	. McConnell, Esq.	215	495 - 6531	
_	Nam	at (at (at (at (rea Code	Daytime Telephone	Number
Enclosed is a	check for t	he following amount:			
□\$125.00 F	iling Fee	□\$130.00 Filing Fee & Certificate of Status	Certific	5.00 Filing Fee & ed Copy al copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	<u>Mailir</u>	ng Address		Street Address New Filing Section Di	vision 7.

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
801 Fairhaven I	LLC
(Must contain the words "Limited Liab	ility Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office	e of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1135 E. Chestnut Avenue	1 North White Horse Pike
Vineland, NJ 08360	PO Box 597
	Hammonton, NJ 08037-0597

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:

Registered Agent Sc	olutions, Inc.	
	Name	
2894 Remington Gr	een Lane, Suite A	
Florida street addre	ss (P.O. Box <u>NOT</u> acc	eptable)
Tallahassee	Florida	32308
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..

DLSturman_

Registered Agent's Signature (REQUIRED)

(CONTINUED)

2023 JUN 13 PH 6: 20

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

"AMBR" = A $"MGR" = Ma$	uthorized Member mager	
"MGR" = Ma	nager	
MGR		William J. Martini, Jr.
		1135 E. Chestnut Avenue
		Vineland, NJ 08360
<u>MGR</u>		Michael Penza
		642 Pilot Road, North Palm Beach, FL 33408
		NORD Famil Deach, 11, 33406
<u>MGR</u>		Tiffany Penza
 :		642 Pilot Road.
		North Palm Beach, FL 33408
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ffective date is le of filing.) If the date inser- nument's effection. LE VI: Other page	listed, the date must ted in this block does we date on the Depart rovisions, if any.	be specific and cannot be more than five business days prior to or 90 days af
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\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)