

123000325287

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

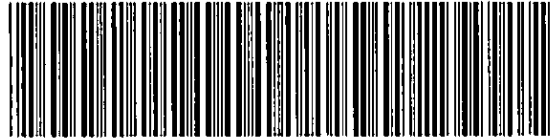
(Business Entity Name)

(Document Number)

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2023 JUL 10 AM 9:26  
SECRETARY OF STATE  
TALLAHASSEE, FL

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2023 JUL 10 PM 2:43  
TALLAHASSEE, FLORIDA

RECEIVED

**Incorporating Services, Ltd.**

1540 Glenway Drive  
Tallahassee, FL 32301  
850.656.7956  
Fax: 850.656.7953  
www.incserv.com  
e-mail: accounting@incserv.com



**ORDER FORM**

**TO:** Florida Department of State  
The Centre of Tallahassee  
2415 North Monroe Street, Suite 810  
Tallahassee, FL 32303  
corphelp@dos.myflorida.com  
850-245-6051

**FROM:** Melissa Moreau  
mmoreau@incserv.com  
850.656.7953

**REQUEST DATE** 7/10/2023

**PRIORITY** Regular Approval

**OUR REF.# (Order ID#)** 1162006

**ORDER ENTITY**  
556 WISB LLC

**PLEASE PERFORM THE FOLLOWING SERVICES:**

556 WISB LLC ( FL)

New LLC filing

**NOTES:**

\$125.00 Authorized

Email address for annual report reminders: abigail@servico.com

**RETURN/FORWARDING INSTRUCTIONS:**

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**Article I**

The name of the Limited Liability Company is:

**556 WISB LLC**

**Article II**

The street address of the principal office of the Limited Liability Company is:

485 Madison Avenue  
Suite 1600  
New York, NY 10022

The mailing address of the Limited Liability Company is:

485 Madison Avenue  
Suite 1600  
New York, NY 10022

**Article III**

The name and Florida street address of the registered agent is:

Anil Ikram  
4526 Shanewood Ct  
Orlando, Fl. 32827

Having been named as registered agent and to accept service of process for the above states 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.

Registered Agent Signature: s/Anil Ikram

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**Article IV**

The name and address of the person(s) authorized to manage LLC:

AMBR  
Charles Schorr Lesnick  
485 Madison Avenue  
Suite 1600  
New York, NY 10022

AMBR  
Leonard Schwartz  
485 Madison Avenue  
Suite 1600  
New York, NY 10022

**Article V**

The effective date for this Limited Liability Company shall be:

7/10/2023

**Article VI**

Other provisions, if any:

The purpose of the business shall be to acquire, own, hold, develop, construct, improve, manage, operate, lease, sell or otherwise dispose of qualified opportunity zone property (other than another qualified opportunity fund) for purposes of section 1400Z-2 of the Internal Revenue Code of 1986, as amended, and to engage in any and all activities incidental or related to the foregoing.

Signature of member or an authorized representative

Dated: July 10, 2023

s/Scott J. Schuster

Scott J. Schuster, Authorized Representative

I am the member or authorized representative submitting these Articles or Organization and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1<sup>st</sup> and May 1<sup>st</sup> in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.

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