Florida Department of State Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : VCORP SERVICES, LLC

Account Number : I20080000067
Phone : (845)425-0077
Fax Number : (845)818-3588

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

Email Address:_

1/1/20

FLORIDA LIMITED LIABILITY CO.

402 Carlyle Holding LLC

Certificate of Status	O O
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

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From Voorp Services, LLC

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

402 Carlyle Holding LLC

(Must end with 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:

Principal Office Address:	<u>Mailing Address</u> :
2201 SW 145th Ave. Suite 201	2201 SW 145th Ave. State 20)
Miramar, FL 33027	Miramor, FL. 33027

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:

Eliyahu Ness		
	Name	
2201 SW 145th A	ive, Suite 201	
Florida street add	ress (P.O. Box <u>NOT</u> a	eceptable)
Miramar	FL.	33027
	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. Thereby 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)

2023 JUL -7 PM 3: 50

<u>Title:</u> "AMBR" = A	Authorized Member	Name and Address:
$"MGR" = M: \underline{AMBR}$	anager	AG Revocable Holding LLC 2201 SW 145th Ave, Suite 201
	Missons El 13027	
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	ent if necessary) re date, if other than the date of	f tiling(OPTIONAL)
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CLE V: Effective date is ate of filing.) If the date inser- becoment's effecti	re date, if other than the date of listed, the date must be speci rted in this block does not med we date on the Department of	ific and cannot be more than five business days prior to or 90 day of the applicable statutory filing requirements, this date will not be
CLE V: Effective effective date is ate of filing.) If the date inser- ocument's effective CLEVI: Other p	re date, if other than the date of listed, the date must be speci- rted in this block does not mer ve date on the Department of provisions, if any. SIGNATURE:	ific and cannot be more than five business days prior to or 90 day of the applicable statutory filing requirements, this date will not be
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CLEV: Effective date is ate of filing.) If the date inser- beument's effective CLEVI: Other p	re date, if other than the date of listed, the date must be speci- rted in this block does not mer ve date on the Department of provisions, if any. SIGNATURE: Signature of a mem This document is executed an aware that any false in constitutes a third degree for Eliyahu Ness	et the applicable statutory filing requirements, this date will not be State's records Cli Ness bey or an authorized representative of a member. I in accordance with section 605,0203 (1+(b), Florida Statutes, information submitted in a document to the Department of State

Page 2 of 2

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

S 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)