

7/21/23, 11:11 AM

# L23000347470

Division of Corporations

## Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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CORPORATIONS  
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### FLORIDA LIMITED LIABILITY CO. W 28th St Realty LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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((H23000254845 3))

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

W 28th St Realty 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:

Principal Office Address:

Mailing Address:

124 Grove Ave #96

124 Grove Ave #96

Cedarhurst NY 11516

Cedarhurst NY 11516

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:

Corporate Creations Network Inc.

Name

801 US Highway 1

Florida street address (P.O. Box NOT acceptable)

North Palm Beach

FL

33408

City

State

Zip

FILED  
23 JUL 21 AM 10:14  
SECRETARY OF STATE  
PALM BEACH

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.

Tim Prattis, Special Secretary

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV-

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

Title:

Name and Address:

"AMBR" = Authorized Member

"MGR" = Manager

<u>AMBR</u>	<u>Shraga Putter</u>
	<u>124 Grove Ave #96</u>
	<u>Cedarhurst NY 11516</u>

<u>AMBR</u>	<u>Mikhail Gurevich</u>
	<u>124 Grove Ave #96</u>
	<u>Cedarhurst NY 11516</u>

<u> </u>	<u> </u>
<u> </u>	<u> </u>
<u> </u>	<u> </u>

(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 be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

\_\_\_\_\_  
\_\_\_\_\_

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 23 JUL 28 AM 10:41  
 STATE DEPARTMENT OF REVENUE  
 TALLAHASSEE, FLORIDA

**REQUIRED SIGNATURE:**

*/s/ Shraga Putter*

\_\_\_\_\_  
**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.

Shraga Putter  
 \_\_\_\_\_  
 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)

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