L23000408579

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(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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ALLAHASSEE, FLORT

RECEIVED

2026 - 111111

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 08/31/2023	<i>⇔WALI</i>	(IN**
ENTITY NAME ASP MT	TIV LLC	
DOCUMENT NUMBER_		
	PLEASE FILE THE ATTACHED AND RETURN	
XXXXXXX	Plain Copy	
	Certified Copy	
	Certificate of Status	
)	PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY	
	Certified Copy of Arts & Amendments Certificate of Good Standing	
	APOSTILLE' / NOTARIAL CERTIFICATION	
COUNTRY OF DESTINAT	TION	
NUMBER OF CERTIFICA	TES REQUESTED	
TOTAL OWED \$125	ACCOUNT #: I20160000072	
	SRAM	
Please call Tina at th	he above number for any issues or concerns. Thank you so much!	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability	y Company is:			
ASP MT IV LLC				
(Must cont	ain the words "Limited I	Liability Comp	any, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street a	ddress of the principal o	ffice of the Lir	nited Liability Company is:	
<u>Princip</u>	al Office Address:		Mailing Address:	
338 WHITESVILLE	ROAD		338 WHITESVILLE ROAD	
JACKSON, NJ 0852			JACKSON, NJ 08527	
	<u></u>			
another business entity with an a	cannot serve as its own active Florida registratio	Registered Ag n.)	Agent s Signature: ent. You must designate an individu	al or
The name and the Florida street	address of the registered	agem are:		
	Platinum Agent Serv			
		Name		
	155 Office Plaza Dr			
	Florida street address	s (P.O. Box <u>N</u> o	OT acceptable)	
	Tallahassee, FL 3230	11		
	City	State	Zip	
olace designated in this certificate, further agree to comply with the pi	I hereby accept the apporovisions of all statutes re	ointment as reg lating to the p	or the above stated limited liability co eistered agent and agree to act in this roper and complete performance of m gent as provided for in Chapter 605, i	capacity. I y duties, and I
	/s	s/ Steven Fried	man	
	Registo	ered Agent's S	ignature (REQUIRED)	
		(CONTINU	ED)	

67.07

ARTICLE IV-

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

" A \$ 4 D D !	= Authorized Member	Name and Address:
	= Munorized Member Manager	
	<u> </u>	NATHAN FREUND
		338 WHITESVILLE ROAD JACKSON, NJ 08527
		JACKSON, NJ 08327
(Use atta	chment if necessary)	
	chiment if necessary)	tate of filing: (OPTIONAL)
RTICLE V: Eff an effective date date of filing.) ote: If the date	ective date, if other than the de is listed, the date must be	date of filing:
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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)

as