10/5/23, 9:25 AM

Division of Corporations Electronic Filing Cover Sheet

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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			

FLORIDA LIMITED LIABILITY CO.

2680 Palm Beach LLC

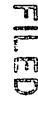
Certificate of Status0Certified Copy0Page Count03Estimated Charge\$125.00

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Corporate Filing Menu

Help

23 OCT -5 PH 4: 45
ECRETARY OF STATE
LAHASSEE.FLORIDA



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

2680 Palm Beach LLC		
	bibty Company, "L.L.C.," or "LLC.")	
A HATTOCK AT A D. A. D.		
ARTICLE II - Address: The mailing address and street address of the principal offi-	ce of the Limited Liability Company is:	
, ,	, ,	
Principal Office Address:	Mailing Address:	
491 Santa Clara Trail	491 Santa Clara Trail	
Wellington, FL 33414	Wellington, FL 33414	
RTICLE III - Registered Agent, Registered Office, & The Limited Liability Company cannot serve as its own Re	Registered Agent's Signature: egistered Agent. You must designate an individual or	
ARTICLE III - Registered Agent, Registered Office, & The Limited Liability Company cannot serve as its own Renother business entity with an active Florida registration.)	Registered Agent's Signature: egistered Agent. You must designate an individual o	
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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..

Therese Mersentes

Registered Agent's Signature (REQUIRED)

(CONTINUED)

2023 OCT -5 PH 4: 46

. . . .

Title: "AMBR" ≈ Authorized Member "MGR" = Manager	Name and Address:
AMBR	Therese Mersentes 491 Santa Clara Trail Wellington, FL 33414
AMBR	Adrienne Baranoff 641 Lexington Avenue, 15th Floor New York, NY 10022
Applications and an annual conference of the con	
(If an effective date is listed, the date must be the date of filing.)	edate of filing: be specific and cannot be more than five business days prior to or 90 days after not meet the applicable statutory filing requirements, this date will not be listed a ment of State's records.
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	sunen Fraicott
Signature of This document is e I am aware that any	a member or no authorized representative of a member. accordance with section 605.0203 (1) (b). Florida Statutes. false information submitted in a document to the Department of State legree fillony as provided for in 8.817.155, F.S.
	auren Endicott 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 Certifier of Section 100

- \$ 5.00 Certificate of Status (Optional)