Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000365364 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : FILE IT USA INC. Account Number : I20190000121 : (718)925-2025 Fax Number : (718)925-2027

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

Email Address: <u>SERVICE@FILEITUSA.COM</u>

FLORIDA LIMITED LIABILITY CO.

105 Century Village LLC

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

Electronic Filing Menu Corporate Filing Menu

Help



From: 17189252027 To: 18506176381 Date & Time 10/19/23 12: 15AM Pages: 3 (((H230000365364 3))) ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

105 Century Village LLC (Must conatin 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> :
185 Marcy Ave. Suite 304	185 Marcy Ave. Suite 304
Brooklyn NY 11211	Brooklyn NY 11211

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 N	etwork Inc.	
	Name	
801 US Highway 1		
Florida street address	(P.O. Box <u>NOT</u> a	cceptable)
North Palm Beach	Fl.	33408
City	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. 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 Pratts, Special Secretary Registered Agent's Signature (REQUIRED)

> > (CONTINUED)



From: 17189252027 To: 18506176381 Date 4 Time 10/19/23 12: 15AM Pages: 3 (((H230000365364 3))) ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: Title. "AMBR" = Authorized Member "MGR" = Manager AMBR Wolfe Landau 185 Marcy Ave. Suite 304 Brooklyn, NY 11211 (Use attachment if necessary) (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 not be listed as the document's effective date on the Department of State's records. ARTICLE VI: Other provisions, if any. REQUIRED SIGNATURE: /s/Wolfe Landau 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. Wolfe Landau 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)