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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 future annual report mailings. Enter only one email address please.

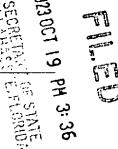
Email Address: SERVICE@FILEITUSA.COM

FLORIDA LIMITED LIABILITY CO. 110 Century Village LLC

Certificate of Status	0
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* From: 17189252027	To:185061763	381 Date &	Time 10/19/23 12:17AM Pages: 3			
(((H23000365365 3)))						
ARTICLES OF ORGAN	SIZATION FOR FI	LORIDA LIMI	TED LIABILITY COMPANY			
ARTICLE I - Name: The name of the Limited Liability Compa	any is:		•			
110 Century Vil	lage LLC					
(Must conatin the v	ords "Limited L	iability Compa	my, "L.L.C.," or "LLC.")			
ARTICLE II - Address: The mailing address and street address of	the principal off	ice of the Lim	ited Liability Company is:			
Principal Office	Address:		Mailing Address:			
185 Marcy Ave. St Brooklyn NY 1121			185 Marcy Ave. Suite 304 Brooklyn NY 11211			
		 -				
ARTICLE III - Registered Agent, Reg (The Limited Liability Company cannot a another business entity with an active Fl The name and the Florida street address	serve as its own Forida registration of the registered a	Registered Age .) agent are:	ent. You must designate an individual or			
Согр	orate Creations N	ietwork Inc. Name				
		Name				
	JS Highway 1	(D.O. D. NO	ATT LIA			
Flori	da street address	(P.O. Box <u>A</u> L	11 acceptable)			
North	Palm Beach		33408			
	City	State	Zip			
place designated in this certificate, I hereby	accept the appo- of all statutes rel	intment as regi ating to the pro s registered ag				
	1) waster track	Tim Pratts,	Special Secretary			

(CONTINUED)

Registered Agent's Signature (REQUIRED)



(((H23000365365 3)))

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

Title: "AMBR" = Authorized Member	Name and Address:
"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 sp the date of filing.)	e of filing:
ARTICLE VI: Other provisions, if any,	of state's records.
REQUIRED SIGNATURE:	
	Candau
This document is exect I am aware that any fals	ember or an authorized representative of a member. Ited in accordance with section 605.0203 (1) (b). Florida Statutes, e information submitted in a document to the Department of State to 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)

