

L23000480415

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

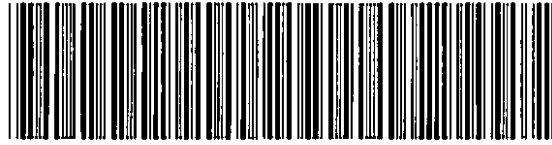
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600416972556

RECEIVED

2023 OCT 17 PM 3:17

2023 OCT 17 PM 1:37

CLERK OF COURT
DIVISION OF CORPORATE & BANKING
TALLAHASSEE, FLORIDA

18



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 18, 2023

CORPORATION SERVICE COMPANY

SUBJECT: OPAL SYNDICATE LLC
Ref. Number: W23000143135

RESUBMIT
Please give original
submission date as file date.

We have received your document for OPAL SYNDICATE LLC. However, the document has not been filed and is being returned for the following:

There is two entities listed as a manager on one line. If you wish for both entities to be listed, please add the second entity with a title to the next line down. If it was an individual representing an entity, please add "c/o" before the entity name.,

If you have any further questions concerning your document, please call (850) 245-6000.

Summer Chatham
Regulatory Specialist III
Director's Office

Letter Number: 823A00024211

RECEIVED
2023 OCT 20 AM 11:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CSC - Tallahassee
1201 Hays Street
Tallahassee, FL 32301-2607
850-558-1500, Ext: 61594

To: Department Of State, Division Of Corporations
From: Eyliena Baker
Ext: 61594
Date: 10/17/23
Order #: 1291781-1
Re: Opal Syndicate LLC
Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Certificate of Formation/Incorporation

Amount to be deducted from our State Account: \$125.00 - FL State Account Number:

I20000000195

auth

A handwritten signature in black ink, appearing to read "Eyliena Baker", is written over the word "auth" and extends to the right.

Please take the following action:

File in your office on basis

Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

OPAL SYNDICATE 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:

21366 GREENWOOD COURT
BOCA RATON, FL 33433

Mailing Address:

21366 GREENWOOD COURT
BOCA RATON, FL 33433

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:

CORPORATION SERVICE COMPANY

Name

1201 HAYS STREET

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

TALLAHASSEE, FL 32301

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..

Eylina Bahar

Assistant Vice President

Registered Agent's Signature (REQUIRED)

(CONTINUED)

2023-11-17 11:37

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

MGR

MOSHE WECHSLER
21366 GREENWOOD COURT
BOCA RATON, FL 33433

MGR

YEHUDA EBSTEIN, C/O EMERALD EMPIRE INC.
777 CHESTNUT RIDGE ROAD, SUITE 301
CHESTNUT RIDGE, NY 10977

(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 not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

X

DocuSigned by:

45B23DD609BF48F

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.

MOSHE WECHSLER

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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