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.

(((H23000394003 3)))



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : RASI

Account Number : I20220000023 Phone : (800)221-2972 Fax Number : (917)243-5843

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

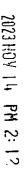
Cmail.	Address			

FLORIDA LIMITED LIABILITY CO. C-15 River Bluff LLC

Certificate of Status 0 Certified Copy Page Count 01 **Estimated Charge** \$125.00

Electronic Filing Menu Corporate Filing Menu

Help





ARTICLES OF ORGANIZATION FOR FLORID	DATIMITED LIABILITY COMPANY
ARTICLE I - Name:	
The name of the Limited Liability Company is:	
C-15 River Bluff LLC	
(Must end with the words "Limited Liabili	ty 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:	Mailing Address:
	
441 N Harbor City Blvd Unit C-15	441 N Harbor City Blvd Unit C-15
Melbourne, FL 32935	Melboume, FL 32935
APTICLE III Desired Asset Desirem AORE & Desire	'
ARTICLE III - Registered Agent, Registered Office, & Registered Limited Liability Company cannot serve as its own Register	
another business entity with an active Florida registration.)	cred Agent. Too must designate an individual of
another business ontry with an active riotida rogistation.	
The name and the Florida street address of the registered agent a	are:
' Kathlaan Ann Fugeleang	

Name 441 N Harbor City Blvd Unit C-15 Florida street address (P.O. Box NOT acceptable) 32935 Melbourne FL Zip City State

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.

(CONTINUED)

Page 1 of 2

Registered Agent's Signature (REQUIRED)



A	RT	C	IM.
д	ж.	 AP .	ı v -

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

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	Kathleen Ann Fugelsang
	5 Laurel Drive
	Huntington NY 1174.3
MGR	Susan Desai
	208 Woodbine Ave
	Northport, NY 11768
MGR	Deepak Sadanand Desai
	208 Woodbine Ave
	Northport, NY 11768
	Trettipori, tri 1100
 	
(Use attachment if necessary)	
RTICLE 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
he date of filing.)	
	pplicable statutory filing requirements, this date will not be listed a
he document's effective date on the Department of State's	records.
RTICLE VI: Other provisions, if any.	•

REQUIRED SIGNATURE:

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.

Kathleen Ann Fugelsang

Typed or printed name of signee

Filing Fees:

\$125.00 Filling 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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