## L24000002021

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	(City/State/Zip/Phone #)
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PICK-	UP WAIT MAIL
	(Business Entity Name)
<b>→</b>	
	(Document Number)
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Special Instruction	ons to Filing Officer
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ALLAHASSEE, FIG.

WHAY -3 PL

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

To: Department Of State, Division Of Corporations

From: Amanda Miller

Ext:

Date: 05/03/24 Order #: 1499289-1 Re: EW 5740 FHR 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:

62

120000000195

**AUTH** 

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 filling, please call our office.

## **COVER LETTER**

	ew Filing Sec ivision of Cor						
SUBJECT	EW 5740 I						
SUBJECT	·	Name of	Limited Liabil	lity Company			
The enclos	sed Articles of	Organization and fee(s	s) are submitted	l for filing.			
Please retu	m all correspo	ondence concerning thi	s matter to the	following:			
	Marc DeCec	echis					
			Name of	Person			
	Lawrence Zi	irinsky Associates					
			Firm/Co	ompany	• ••		
	60 East 42nd	I Street					
	·		Addı	ess			
	New York, I	NY 10165					
	MarcD@lzare	ealty.com	City/State ar	nd Zip Code			
-		E-mail address: (to be u	ised for future	annual report notificati	ion)		
For further i	nformation co	ncerning this matter, pl	lease call:				
	Marc DeCeco	chis at	212	499-0606			Ø
	Nam	e of Person	Area Code	Daytime Telephon	e Number	2024 MAY	
Enclosed is	s a check for the	he following amount:			CAHA LAHA	î	
□\$125.00	Filing Fee	□\$130.00 Filing Fe Certificate of Status	Certifi	5.00 Filing Fee & led Copy al copy is enclosed)	U\$160.00 Filing Certificate of Sta Certified Copy (additional copy B	Feg., itus æ	
		g Address iling Section		Street Address New Filing Section Di	ivision		

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liabili			
EW 5740 FHR LLC			
(Must con	atin the words "Limited Liabi	lity Company.	"L.L.C" or "LLC.")
ARTICLE II - Address: The mailing address and street a	address of the principal office	of the Limited	Liability Company is:
<u>Princip</u>	oal Office Address:		Mailing Address:
60 East 42nd Street,	Suite 550, NY, NY 10165	Sam	, r
The Limited Liability Compan	gent, Registered Office. & R y cannot serve as its own Reg	egistered Agen	
The Limited Liability Company nother business entity with an	gent, Registered Office. & Roy cannot serve as its own Reg active Florida registration.)	egistered Agen stered Agent. \	it's Signature:
The Limited Liability Company nother business entity with an	gent, Registered Office. & Roy cannot serve as its own Reg active Florida registration.)  address of the registered age	egistered Agent. Natered Agent. Natered	it's Signature:
The Limited Liability Company nother business entity with an	gent, Registered Office. & Roy cannot serve as its own Reg active Florida registration.)	egistered Agen stered Agent. V nt are:	it's Signature:
The Limited Liability Company nother business entity with an	gent, Registered Office. & Roy cannot serve as its own Reg active Florida registration.) address of the registered agenth of Corporation Service Com	egistered Agen stered Agent. V nt are:	it's Signature:
The Limited Liability Company nother business entity with an	gent, Registered Office. & Roy cannot serve as its own Registration.) address of the registered agent of the Corporation Service Com	egistered Agent. National stered Agent. Natio	nt's Signature: You must designate an individual or
ARTICLE III - Registered Ag The Limited Liability Company nother business entity with an 'he name and the Florida street	gent, Registered Office. & Rey cannot serve as its own Registration.) address of the registered ages  Corporation Service Com Na	egistered Agent. National stered Agent. Natio	nt's Signature: You must designate an individual or

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.,

Corporation Service Company

Registered Agent's Signature (REQUIRED)

(CONTINUED)



## ARTICLE IV-

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
MGR	FHR EDGE LLC, a Delaware limited liability company
	60 East 42nd Street
	New York, NY 10165
AMBR	Jacob Zirinsky
7111111	60 East 42nd Street
	New York, NY 10165
	<del></del>
ctive date is listed, the date must f filing.)	be specific and cannot be more than five business days prior to or 90 days
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