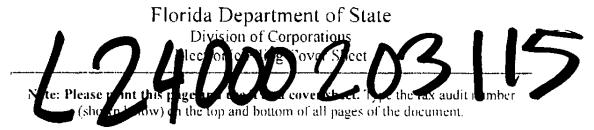
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Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : ALLSTATE CORPORATE SERVICES CORP

Account Number : I2004000031 Phone : (800)906-9220 Fax Number : (800)906-9880

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

mail Address:______

FLORIDA LIMITED LIABILITY CO. ASCEND DESIGN & CONSTRUCTION LLC

Certificate of Status	l
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Page Count	02
Estimated Charge	\$130,00

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SECRETARY OF STATE DIVISION OF CONTRACTIONS

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ASCEND DESIGN & CONSTRUCTION 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:

Mailing Address:

822 WEATHERLY CT	822 WEATHERLY CT
LONGWOOD, FL 32750	LONGWOOD, FL 32750
· · ·	

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

REGISTERED AGENT SOLUTIONS, INC	

Name

2894 Remington Green Ln. Ste. A

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

Tallahassee	FL	32308
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. Thereby 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 daties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

/S/ AVI WEISS, ASSISTANT SECRETARY

Registered Agent's Signature (REQUIRED)

(CONTINUED)

DIVISION OF SHAPE STATE

as

ARTICLE IV

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	
AMBR	LAVONDRIA COBB 5880 GARDEN CIR DOUGLASVILLE, GA 30135
MGRM	ESTHER MINSKY SALMAN 81 BROWER AVENUE WOODMERE: NY 11598
MGRM	BARRY MINSKY 3655 CARREL BLVD OCEANSIDE, NY 11572
 	
	are of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90 days after
<u>Note:</u> If the date inserted in this block does not the document's effective date on the Department	or meet the applicable statutory filing requirements, this date will not be fisted a
ARTICLE VI: Other provisions, if any	arcon state s records
REQUIRED SIGNATURE:	
	/S/ AVI WEISS
This document is exc I am aware that any f	member or an authorized representative of a member, souted in accordance with section 605,0203 (1) (b), Florida Statutes also information submitted in a document to the Department of State gree felony as provided for in \$ \$17,155, F.S.
<u>AVI WEISS</u>	
	Typed or printed name of signee