Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

from:

Account Name : FILE RIGHT LLC Account Number : I20170000091 : (718)878-5811 Fax Number : (718)732-4580

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

Email Address:_

FLORIDA LIMITED LIABILITY CO. AML MAJESTIC 1009 LLC

| Certificate of Status | 0 |
|-----------------------|----------|
| Certified Copy | 0 |
| Page Count | 03 |
| Estimated Charge | \$125.00 |

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To:

COVER LETTER

| | ew Filing Section ivision of Corporations | | | |
|----------------|---|--|--|--|
| SUBJECT | AML MAJESTIC 1009 LLC | | | |
| SUBJECT | Name of Limited Liability Company | | | |
| The enclose | ed Articles of Organization and fee(s) are submitted for filing. | | | |
| Please retur | rn all correspondence concerning this matter to the following: | | | |
| | Name of Person | | | |
| | FILE RIGHT LLC | | | |
| | Firm/Company | | | |
| | 1425 37th Street, Suite 201 | | | |
| | Address | | | |
| | BROOKLYN, NY 11218 | | | |
| ; | City/State and Zip Code sales@fileacorp.com | | | |
| - | E-mail address: (to be used for future annual report notification) | | | |
| For further in | nformation concerning this matter, please call: | | | |
| | Esther 718 878-5811 at () | | | |
| • | Name of Person Area Code Daytime Telephone Number | | | |
| Enclosed is | a check for the following amount: | | | |
|]\$125.00 Fil | ling Fee S130,00 Filing Fee & S155,00 Filing Fee & S160,00 Filing Fee, Certificate of Status (additional copy is enclosed) Certified Copy (additional copy is enclosed) | | | |
| | MailingAddressStreetAddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Cluston BuildingTailahassee, F1. 323142661 Executive Center CircleTailahassee F1. 32301 | | | |

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

AML MAJESTIC 1009 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:1148 EAST 31ST STREET1148 EAST 31ST STREETBROOKLYN, NY 11210BROOKLYN, NY 11210

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:

| FILE RIGHT RA S. | ERVICES LLC | |
|----------------------|----------------------------|------------|
| | Name | |
| 625 ETWIGGS ST | . STE 110 | |
| Florida street addre | ss (P.O. Box <u>NOT</u> ac | oceptable) |
| TAMPA | FL | 33602 |
| 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 duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

/s/ MARK FUCHS

Registered Agent's Signature (REQUIRED)

(CONTINUED)

To: • . Page: 6 of 6 2024-05-20 20:54:30 GMT 17187959036 From: Mark Fuchs

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

| <u>Title:</u> | | Name and Address: |
|--|--|--|
| | Authorized Member | |
| "MGR" = M MGR | anager | ALLAN LEBOVITS |
| MUIK | | 1148 EAST 31ST STREET |
| | | BROOKLYN, NY 11210 |
| | | |
| MGR | | MEIRA LEBOVITS |
| | | 1148 EAST 31ST STREET |
| | | BROOKLYN, NY 11210 |
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| (Use attachn | nent if necessary) | |
| the date of filing.) <u>Note:</u> If the date inse the document's effect ARTICLEVI: Other | erted in this block does not me live date on the Department of provisions, if any. | |
| | | |
| REOUIRE | Q SIGNATURE: | |
| | /s | / ALLAN LEBOVITS |
| | This document is execute I am aware that any false i | ther or an authorized representative of a member. d in accordance with section 605.0203 (1) (b), Florida Statutes, information submitted in a document to the Department of State felony as provided for in s.817.155, F.S. |
| | | ALLAN LEBOVITS |
| | | 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)