L24000356706

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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# WALK IN

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| XX | FILING | LLC |

1. MARION 166™ LLC
(CORPORATE NAME AND DOCUMENT #)

2. _____
(CORPORATE NAME AND DOCUMENT #)

3. _____
(CORPORATE NAME AND DOCUMENT #)

4. _____
(CORPORATE NAME AND DOCUMENT #)

5. _____
(CORPORATE NAME AND DOCUMENT #)

6. _____
(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS: _____

**COVER LETTER**

**TO: New Filing Section**
**Division of Corporations**

**SUBJECT:** Marion 166th LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Name of Person

Firm/Company

Address

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Name of Person at (Area Code) Daytime Telephone Number

Enclosed is a check for the following amount:

☐$125.00 Filing Fee ☐$130.00 Filing Fee & Certificate of Status ☐$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**Mailing Address**
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

**Street Address**
New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**
The name of the Limited Liability Company is:

Marion 166th 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:** |
|---|---|
| 226 BENJAMIN ST | 226 BENJAMIN ST |
| TOMS RIVER, NJ 08755 | TOMS RIVER, NJ 08755 |

**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:

NUCO FILINGS CORP.
Name

155 OFFICE PLAZA DR. 1ST FL.
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..*

/S/ELLIOTT TEITELBAUM
Registered Agent's Signature (REQUIRED)

**(CONTINUED)**

**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<br>"MGR" = Manager | |
| AMBR | SAUER, YECHEZKEL<br>226 BENJAMIN ST.<br>TOMS RIVER, NJ 08755 |
| AMBR | NIAZOV, ROSHEL<br>1416 AVENUE R<br>BROOKLYN, NY 11229 |
| | |
| | |

(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:**

/S/ELLIOTT TEITELBAUM

**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.

ELLIOTT TEITELBAUM
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)**