# L24000374687

(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
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(Document Number)
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2024 AUG 28 AM 9: 47

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TALLABASELE TEUT



Tallahassee, FL 32301-2607 850-558-1500, Ext: x61563

To: Department Of State, Division Of Corporations

From: Shauna Godbolt

Ext: x61563 Date: 08/28/24 Order #: 1604475-1 Re: JONES ANNEX LLC

Processing Method: Routine

# TO WHOM IT MAY CONCERN:

Enclosed please find:

Certificate of Formation/Incorporation

Amount to be deducted from our State Account: \$125.0 - FL State Account: Numer:

12000000195

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 filing, please call our office.

## COVER LETTER

	New Filing Sec Division of Cor						
aun 104		NEX LLC					
SUBJEC	,1: <u></u>	Name of I	Limited Liabi	lity Company			
The encl	osed Articles of	Organization and fee(s)	are submitte	d for filing.			
		ondence concerning this					
	Robyn Tuerl	k					
			Name o	f Person		-	_
	Philips Inter	national					
			Firm/C	ompany			
	40 Cutter M	ill Road, Suite 405					
			Add	ress		<u></u>	
	Great Neck,	New York 11021					
			City/State a	nd Zip Code		(v)	_ : ≥:
	rtuerk@pihc.o		10.0		·	<u> </u>	_22
	I	E-mail address: (to be us	ed for future	annual report notificati	ion)	LAF	2024 AUG 28
For furthe	r information co	ncerning this matter, ple	ase call:			í. Y ÍAS	28
	Robyn Tuerk	: at (	212	951-3801		CFS SEE,	# F
	Nam	e of Person	Area Code	Daytime Telephon	e Number	TATE	27 is
Enclosed	l is a check for t	he following amount:				·	~
□\$125.	00 Filing Fee	□\$130.00 Filing Fee Certificate of Status	Certii	55.00 Filing Fee & fied Copy nal copy is enclosed)	Certifica Certifi <b>e</b> d	00 Filing F ate of Status I Copy I copy is end	s &
	New F Division P.O. B	ig Address iling Section on of Corporations ox 6327 assec, FL 32314		Street Address New Filing Section Di The Centre of Tallaha 2415 N. Monroe Stre Tallahassee, FL 3230	assee et, Suite 810		

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

JONES	ANNEX LLC	
-	(Must conatin the words "Limited Liab	lity Company, "L.L.C.," or "LLC.")
ARTICLE II - Add The mailing address	dress: s and street address of the principal office	- •
	Principal Office Address:	<u>Mailing Address</u> :
40 Cutte	Principal Office Address: or Mill Road, Suite 405	Mailing Address: 40 Cutter Mill Road, Suite 405

The name and the Florida street address of the registered agent are:

Having been named as registered agent and to accept service of process for the above stated limited liability company of the place designated in this certificate. I hereby accept the appointment as registered agent and agree to act in this capacitys 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

By Shauna Godbolt -

(CONTINUED)

ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: "AMBR" = Authorized Member "MGR" = Manager Philip Pilevsky <u>MGR</u> 40 Cutter Mill Road, Suite 405 Great Neck, New York 11021 Michael Pilevsky MGR 40 Cutter Mill Road, Suite 405 Great Neck, New York 11021 Diana Marrone 419 West 49th Street, Suite 300 **MGR** Hialeah, Florida 33012 Scott Massey MGR 1701 Skees Road, Lot I West Palm Beach, Florida 33411 (Use attachment if necessary) (OPTIONAL): ARTICLE V: Effective date, if other than the date of filing: \_ (If an effective date is listed, the date must be specific and cannot be more than five business days prior to 200 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 SIGNATURES:

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.

Robyn Tuerk

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) FIN-63617