

To:

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Florida Department of State  
Division of Corporations  
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**FLORIDA LIMITED LIABILITY CO.  
204 N FORT LAUDERDALE BEACH BLVD 6B LLC**

Certificate of Status	1
Certified Copy	0
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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

204 N FORT LAUDERDALE BEACH BLVD 6B LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "L.I.C.")

## ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:209 N FORT LAUDERDALE BEACH BLVD  
# 6B  
FORT LAUDERDALE, FL 33304Mailing Address:35 W 15TH STREET  
APT. 11A  
NEW YORK, NY 10011

## ARTICLE III - Registered Agent, Registered Office, &amp; 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.Not2894 REMINGTON GREEN LN, STE AFlorida 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, I hereby accept the appointment as registered agent and agree to act in ~~his~~ 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, FS*

s/ NAOMI OSTOPOWITZ, ASST SECRETARY ON BEHALF OF REGISTERED AGENT SOLUTIONS, INC

Registered Agent's Signature **REQUIRED**

(CONTINUED)

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

<u>Title:</u>	<u>Name and Address:</u>
"AMBR" = Authorized Member	
"MGR" = Manager	
<u>AMBR</u>	<u>RYAN GROMKO</u> <u>35 W 15TH STREET, APT. 11A, NEW YORK, NY 10011</u>
<u>AMBR</u>	<u>MICHAEL GROMKO</u> <u>353 WEST ROAD</u> <u>COLCHESTER, CT 06415</u>
<u></u>	<u></u>
<u></u>	<u></u>
<u></u>	<u></u>

(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/ RYAN GROMKO

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.

RYAN GROMKO  
Typed or printed name of **signe**

**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)

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