

9/24/24 10:53 AM

Page, 2 of 4 ,



Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000324716 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : ALLSTATE CORPORATE SERVICES CORP

Account Number : 120040000031 Phone : (800)906-9220 Fax Number : (800)905-9880

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. 204 N FORT LAUDERDALE BEACH BLVD 6B LLC

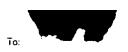
Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

Electronic Filing Menu

Corporate Filing Menu

Help





(((H240003247163)))

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

204 N FORT LAUDERDA	LE BEACH BLVD 6B 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 t Principal Office Address:	• • •
the mailing address and street address of the principal office of the principal office Address:	Mailing Address:
he mailing address and street address of the principal office of t	• • •

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

another business entity with an active Florida registration.)

REGISTERED AGES	NT SOLUTIONS, I	NC.
	Naima	
2894 REMINGTON O	GREEN LN. STE /	\
Florida street address	(P.O. Box <u>NOT</u> a	cceptable)
TALLAHASSEE	F1.	32308
Ch/	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 **fis** capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance **f** my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in **Capte** 605, ISS

₩ NAOMFOSTOPOWITZ, ASST SPECRETARY ON BEHALF OF REGISTERED AGENT SOLUTIONS, INC.

Registered Agent's Signature (4EQ) RED

(CONTINUED)



	Ā	R	T	b	C	L	E	ı	V.	
--	---	---	---	---	---	---	---	---	----	--

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

	Title: "AMBR" = Authorized Mem "MGR" = Manager	Name and Address; ber	
	AMBR	RYAN GROMKO 35 W 15TH STREET, APT, 11A, NEW YORK, NY 10011	
	AMBR	MICHAEL GROMKO 353 WEST ROAD COLCHESTER, CT 06415	
	(Use attachment if necessary)		
(If an o the dat <u>Note:</u> the do	effective date is listed, the date te of filing.) If the date inserted in this block cument's effective date on the ECLEVI: Other provisions, if any.		
	REQUIRED SIGNATURE:		
	Signati This docume I am aware th	ire of a member or an authorized representative of a member, int is executed in accordance with section 605.0203 (1) (b). Florida Statutes, at any false information submitted in a document to the Department of State hird degree felony as provided for in s.817.155, F.S.	
	RYAN	Typed or printed name of signer	_
•••	\$125.00 Filing Fee for Arts \$ 30.00 Certified Copy (O \$ 5.00 Certificate of Stat		7 2

(((H24000324716.3)))