

L24000423466

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

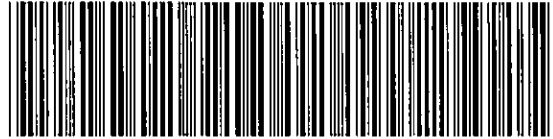
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800437639398

FILED

2024 OCT -7 AM 9:47

STATE
TALLAHASSEE
FLORIDA

RECEIVED

2024 OCT -4 PM 3:01

STATE
TALLAHASSEE
FLORIDA

**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

236 East 6th Avenue, Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

PICK UP: JENA 10/4

CERTIFIED COPY

XX PHOTOCOPY

CUS

XX FILING

LLC

1. 1010 GP 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:

2024 OCT -7 AM 9:17

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

1010 GP 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:

35 W. 7th St., Media, PA 19063

35 W. 7th St., Media, PA 19063

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:

ARIEL RAPAPORT, Esq.

2451 NE 135th St.

Florida street address (P.O. Box NOT acceptable)

Miami

FL

33181

City

State

Zip

Having been named as registered agent and accepted service of process for the above named 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 authorize with and accept the obligation of my appointment as registered agent to provide notice to Chapter 68, FS.

Ariel Rapaport, Esq.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

2024 OCT -7 AM 9:47

FILED

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

"MGR" - Manager

MGR

Alexander Flint
35 W. 7th St., Media, PA, 19063

AMBR

Alexander Flint
35 W. 7th St., Media, PA, 19063

(Use attachment if necessary)

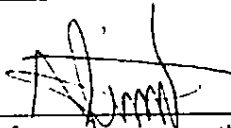
ARTICLE V: Effective date, if other than the date of filing: 10/1/2024 (OPTIONAL)

(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 registered as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any

REQUIRED SIGNATURE:



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.

Alexander Flint, Esq.

Typed or printed name of signer

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)

2024 OCT - 10 9:47

FILED