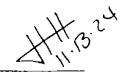
To:

Florida Department of State



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.

(((H24000374853 3)))



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : FILE RIGHT LLC Account Number : I20170000091 Phone : (718)878-5811 : (718)732-4580 Fax Number

			address										
(건전 (전 148)	nual	report	mailin	gs.	Enter	only	one	email	add	res	s ple	ase.	**

⊏Email Address:

FLORIDA LIMITED LIABILITY CO. **8188 OBT LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
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Electronic Filing Menu

Corporate Filing Menu

Help

2024-11-11 20:38:02 GMT

17187959036

From: Mark Fuchs

Fax Reference: H24000374953 3

COVER LETTER

	New Filing Section Division of Corporations			
CLID IN C	8188 OBT LLC			
SUBJEC	Name of t	Limited Liabil	ity Company	
The anala	and Amiolog of Organization and foots	ara cultonittad	for Stine	
	sed Articles of Organization and fee(s)		-	
riease ren	urn all correspondence concerning this	matter to the	onowing:	
		Name of	Person	
	FILE RIGHT LLC			
		Firm/Co	nipany	
	1425 37TH STREET SUITE 201			
		Addr	ess	
	BROOKLYN, NY 11218			
		City/State an	d Zip Code	
	sales@fileacorp.com E-mail address: (to be us	ed for future a	innual report notification)	
Var further	information concerning this matter, ple		,	
roi futures				
	Saraat (718	878-5811 .)	
	Name of Person	Area Code	Daytime Telephone Number	
Enclosed i	is a check for the following amount:			
\$125.00 F	Filing Fee \$\int\ \text{S130.00 Filing Fee & Certificate of Status}	└──Certifi	20 Filing Fee & S160.00 Filing Fee ded Copy Certificate of State Certified Copy (additional copy is each)	us & 🔀
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	ARY OF STATE

2024-11-11 20:38:02 GMT

17187959036

From: Mark Fuchs

Fax Reference: H24000374853 3

RTICLE I - Name: he name of the Limited Lin	ability Company is:					
8188 OBT LLC						
(Must	contain the words "Limited	Liability Company,	,"L.L.C.," or "LLC.")			
RTICLE II - Address: he mailing address and str	eet address of the principal o	office of the Limited	Liability Company is:			
	ncipal Office Address:		Mailing Address:			
<u>Pri</u>	iterjan Corner Atoures.					
	STREET, FLOOR 11	70 \	WEST 40TH STREET, FLOOR LI			
70 WEST 40TH NEW YORK, N RTICLE III - Registered The Limited Liability Com	STREET, FLOOR 11 Y 10018 I Agent, Registered Office, pany cannot serve as its own	& Registered Agent.	W YORK, NY 10018			
70 WEST 40TH NEW YORK, N RTICLE III - Registered The Limited Liability Compother business entity with	STREET, FLOOR 11 Y 10018 I Agent, Registered Office, pany cannot serve as its own an active Florida registration	& Registered Agent. On.)	W YORK, NY 10018 nt's Signature:			
70 WEST 40TH NEW YORK, N RTICLE III - Registered The Limited Liability Compother business entity with	STREET, FLOOR 11 Y 10018 I Agent, Registered Office, pany cannot serve as its own an active Florida registration reet address of the registered	& Registered Agent. On.) I agent are:	W YORK, NY 10018 nt's Signature:			
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/s/Mark Fuchs Registered Agent's Signature (REQUIRED)

(CONTINUED)

Fax Reference: H24000374853 3

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

<u>Title;</u> "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager AMBR	HEN VAKNIN 70 WEST 40TH STREET, FLOOR 11 NEW YORK, NY 10018	
		
 		
(Use attachment if necessary)		
(If an effective date is listed, the date must be specific and the date of filing.) Note: If the date inserted in this block does not meet the a the document's effective date on the Department of State's	pplicable statutory filing requirements, this date will not	
ARTICLE VI: Other provisions, if any.		
REQUIRED SIGNATURE:		
/s/ HE	N_VAKNIN	
This document is executed in acc	an authorized representative of a member, ordance with section 605.0203 (1) (b), Florida Statutes, tion submitted in a document to the Department of States provided for in s.817.155, F.S.	
	VAKNIN	
Typed	or printed name of signce	2
\$125.00 Filing Fee for Articles of Organization	Filing Fees: on and Designation of Registered Agent	24 NO

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

as