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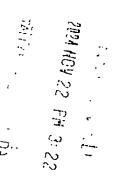
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(A	ddress)
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(C	Sity/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(8	dusiness Entity Name)
(E	Occument Number)
Certified Copies	
Special Instructions to Fi	ling Officer:

Office Use Only



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2024 MOV 22 AM 9: 47



Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 11/22/2024			*WALK ∏	V==
ENTITY NAME Rapnj	eff West Palm, LLC			
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DOCUMENT NUMBER			20021	_
	PLEASE FILE THE ATTAC	HED AND RETURN	2024 NOV 22 N	7
xxxxxxxx	Plain Copy			コラ
	Certified Copy		9: 47	1-36
<u></u>	Certificate of Status			
	Certified Copy of Arts & Amena Certificate of Good Standing	'ments		
	APOSTILLE' / NOTARIA	AL CERTIFICATION		
COUNTRY OF DESTINA	4 <i>TION</i>			
NUMBER OF CERTIFIC	PATES REQUESTED			
TOTAL OWED \$125		ACCOUNT #: I2016000)0072	
		E R FM		
Please call Tina at	the above number for any issu	es or concerns. Thank y	voa so much!	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

		eff West Palm, LLC		
(Must	contain the words "Limited	Liability Company,	"L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and str	eet address of the principal of	office of the Limited	Liability Company is:	
<u>Pri</u>	ncipal Office Address:		Mailing Addre	<u>ss</u> :
591 Stewart Avo	enue, Suite 100	591	Stewart Avenue, Suite 100)
Garden City, N		Gare	den City, NY 11530	
			<u> </u>	
nother business entity with	an active Florida registrati	n Registered Agent. on.)	nt's Signature: You must designate an indi	vidual or
nother business entity with	n an active Florida registration reet address of the registere	n Registered Agent. on.)	You must designate an ind	
nnother business entity with	n an active Florida registration reet address of the registere	n Registered Agent. on.) d agent are: effrey Pliskin Name	You must designate an indi	
another business entity with	n an active Florida registration reet address of the registere	n Registered Agent. on.) d agent are: effrey Pliskin Name . Apartment 5G	You must designate an indi	
nnother business entity with	n an active Florida registration reet address of the registere June 2400 S. Ocean Blyd	n Registered Agent. on.) d agent are: effrey Pliskin Name . Apartment 5G	You must designate an indi	
another business entity with	an active Florida registration and active Florida registere June 2400 S. Ocean Blvd Florida street address Palm Beach City	n Registered Agent. on.) d agent are: effrey Pliskin Name . Apartment 5G ss (P.O. Box <u>NOT</u> a FL State	You must designate an indicate	ZOZN MOV 22 MM
another business entity with The name and the Florida st laving been named as registe lace designated in this certifi wither agree to comply with t	an active Florida registration and active Florida registere 3400 S. Ocean Blvd Florida street address Palm Beach City Pered agent and to accept servicate. I hereby accept the applicate. I hereby accept the applicate obligations of my position	a Registered Agent. on.) d agent are: effrey Pliskin Name . Apartment 5G ss (P.O. Box NOT a FL State vice of process for the pointment as register relating to the proper	You must designate an indicate a complete and complete performance	ity company at the quantity company at the state of my duties, and the

(CONTINUED)

		Name and Address:
"AMBR" = Auth		
"MGR" = Manag	er	
AMBR		Stuart Pliskin
		591 Stewart Avenue, Suite 100
		Garden City, NY 11530

		•
		.; <u>.</u> ;
(Use attachment	I necessary)	
DATE (200 .)	. 16 4 4 4 4	CONTIONALLY (ORTIONALLY
EV: Effective d	te, if other than the date of	f filing: (OPTIONAL):
ective date is list	te, if other than the date of d, the date must be spec	f filing: (OPTIONAL):
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\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)

ARTICLE IV-