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Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : FILE RIGHT LLC

Account Number : I20170000091

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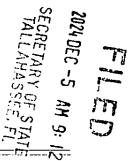
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# FLORIDA LIMITED LIABILITY CO. 101 HILLTOP LLC

Certificate of Status	0
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Page Count	02
Estimated Charge	\$125.00



S. CHATHAM

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

## 101 HILLTOP 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:
87 CONTINENTAL AVE	87 CONTINENTAL AVE
FOREST HILLS NEW YORK 11375	FOREST HILLS NEW YORK 11375

# 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:

FILE RIGHT RA SI	ERVICES LLC	
	Name	
625 E TWIGGS ST.	STE 110	
Florida street addres	s (P.O. Box <u>NOT</u> ac	rceptable)
TAMPA	FL	33602
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 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 am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605. F.S.

 /s/ MARK FUCHS
Registered Agent's Signature (REQUIRED)
(CONTINUED)



From: Mark Fuchs

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

From: Mark Fuchs

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager AMBR	SOLOMON ISAKOV 87 CONTINENTAL AVE FOREST HILLS NY, 11375
E.V: Effective date, if other than the ective date is listed, the date must of filing.)  the date inserted in this block does	e date of filing:
E.V: Effective date, if other than the ective date is listed, the date must of filing.)  The date inserted in this block does ment's effective date on the Depart E.VI: Other provisions, if any	be specific and cannot be more than five business days prior to or 90 not meet the applicable statutory filing requirements, this date will not
F. V: Effective date, if other than the ective date is listed, the date must of filing.)  The date inserted in this block does ment's effective date on the Depart E. VI: Other provisions, if any.	be specific and cannot be more than five business days prior to or 90 not meet the applicable statutory filing requirements, this date will not ment of State's records.
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