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Florida Department of State

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.

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

er 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. BAM 4930 S ORANGE BILLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

TALLANSSEE, FATE	2024 DEC 12 PM 2: NO	
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From: Mark Fuchs

From: Mark Fuchs

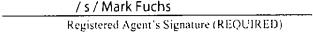
Fax Reference: H24000409382 3

COVER LETTER

то:	New Filing Section Division of Corporations		
	BAM 4930 S ORANGE BI LLC		
SUBJEC	T:Name of Lii	mited Liability Company	-
The encl	osed Articles of Organization and fee(s) ar	re submitted for filing.	
	turn all correspondence concerning this m		
	,	•	
		Name of Person	
	FILE RIGHT LLC		
		Firm/Company	
	1425 37TH STREET SUITE 201		2 0
		Address	2024 DE0
	BROOKLYN, NY 11218		
		City/State and Zip Code	OIZ PH 2
	sales@fileacorp.com E-mail address: (to be used	for future annual report notification)	- FAT
For furthe	r information concerning this matter, pleas	e call:	, E 0
	Sara	718 878-5811	
	\\\\\\\	Area Code Daytime Telephone Number	•
Enclosed	is a check for the following amount:		
	Filing Fee S130.00 Filing Fee & Certificate of Status	Certified Copy Certificate (additional copy is enclosed) Certified C	e of Status &
	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	

Fax Reference: H24000409382 3

ference: H2400040938	s: 4 of 5 2-3	2024-12-12 18	3:33:54 GMT	171	87959036
AF	RTICLES OF ORGANIZA	TION FOR FLOR	RIDA LIMITED I	JABILTIY COMPA	NY.
		. no. · r on · bo			• • •
ARTICLE 1 - Name The name of the Limi	: ited Liability Company i	is:			
	0 S ORANGE BI LLC				
	(Must contain the word	s "Limited Liabi	lity Company, "	L.L.C.," or "LLC.")
ARTICLE II - Addr The mailing address a	ress: and street address of the	principal office	of the Limited I	iability Company i	s:
	Principal Office Ad	dress:		Mailing .	Address:
70 WEST	40TH STREET, FLOC	OR 11	70 W	EST 40TH STREE	T, FLOOR 11
NEW YO	RK, NY 10018		NEW	YORK, NY 10018	}
ARTICLE III - Reg	istered Agent, Register	red Office, & Re	egistered Agent	's Signature:	an individual or
(The Limited Liability another business enti	y Company cannot serve ity with an active Florida	e as its own Regi a registration.)	stered Agent. Y	's Signature: ou must designate :	an individual or
(The Limited Liability another business enti	y Company cannot serve ity with an active Florida orida street address of th	e as its own Regi a registration.) e registered ager	stered Agent. Y nt are:	's Signature: ou must designate (an individual or
(The Limited Liability another business enti	y Company cannot serve ity with an active Florida orida street address of th	e as its own Regi a registration.) e registered ager SHT RA SERVIO	stered Agent, Y nt are: CES LLC	's Signature: ou must designate	an individual or
(The Limited Liability another business enti	y Company cannot serve ity with an active Florida orida street address of th FILE RIC	e as its own Regi a registration.) e registered ager GHT RA SERVIC Nai	stered Agent, Y nt are: CES LLC ne	's Signature: ou must designate a	an individual or
(The Limited Liability another business enti	y Company cannot serve ity with an active Florida orida street address of th FILE RIC 625 E TW	e as its own Regi a registration.) e registered ager BHT RA SERVIC Nat VIGGS ST, STE	stered Agent, Y nt are: CES LLC ne 110	ou must designate	an individual or
(The Limited Liability another business enti	y Company cannot serve ity with an active Florida orida street address of th FILE RIC 625 E TW	e as its own Regi a registration.) e registered ager GHT RA SERVIC Nai	stered Agent, Y nt are: CES LLC ne 110 D. Box SOT acc	ou must designate a	an individual or
(The Limited Liability another business enti	y Company cannot serve ity with an active Florida orida street address of th FILE RIC 625 E TW Florida st TAMPA	e as its own Regi a registration.) e registered ager SHT RA SERVIC Nai VIGGS ST, STE treet address (P.C	stered Agent, Y nt are: CES LLC ne 110 D. Box <u>NOT</u> acc FL	ceptable)	an individual or
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From: Mark Fuchs

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ARTICLE IV- The name and address of each person auth	norized to manage and control the Limited Liability Company:
Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	OLIN WARAIIN
AMBR	70 WEST 40TH STREET, FLOOR II
	NEW YORK, NY 10018
"AMBR" = Authorized Member	HEN VAKNIN 70 WEST 40TH STREET, FLOOR H

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(Use attachment if necessary)		

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

ARTICLE VI: Other provisions, if any.		

REQUIRED SIGNATURE:

/s/ HEN VAKNIN

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.

HEN VAKNIN	
Typed or printed name of signee	
PVP - 12	

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)