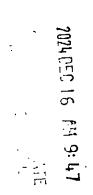
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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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Sunshine State Corporate Compliance Company

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

DATE 12/16/2024			**WALK IN**
ENTITY NAME BONG	ii – Merrick Park LLC		
ENTIT NAME			702
DOCUMENT NUMBE	ER		021 Pro
	PLEASE FILE THE	E ATTACHED AND RETURN	5
xxxxxxxx	Plain Copy Certified Copy		9: 47
	Certificate of Status		
	Certified Copy of Arts & Certified Copy of Arts & Certificate of Status Certificate of Status Refi	t Amendments Complete File (Including Annua	l Reports)
	APOSTILLE' / No	OTARIAL CERTIFICATION	
COUNTRY OF DESTIN	IATION		
NUMBER OF CERTIFIC	CATES REQUESTED		
TOTAL OWED \$_125	5.00	ACCOUNT # 120140000108 / United Corporate Services, Inc.	eithflyparl
Please call Tina at	the above number for an	ry issues or concerns. Thank you	so much!

COVER LETTER

	ew Filing Sec vision of Cor			
SUBJECT		errick Park LLC		
SUBJECT		Name of Lim	ited Liability Company	
The enclose	ed Articles of	Organization and fee(s) are	submitted for filing.	
Please retur	m all correspo	ondence concerning this ma	tter to the following:	
	Amy Allen			2024
			Name of Person	
	United Corp	orate Services, Inc.		5. 18 July 18
			Firm/Company	7
	80 State Stre	eet, Suite 1101		
			Address	
	Albany, NY	12207		
			ity/State and Zip Code	
-	David@bond		for future annual report notificat	ion)
For further is		ncerning this matter, please	•	
7 or rareier ii	mornian co	neering the nation product	,	
)	
	Nair	ne of Person A	rea Code Daytime Telephon	e Number
Enclosed is	a check for t	he following amount:		
□\$125.00	Filing Fee	□\$130.00 Filing Fee & Certificate of Status	□\$155,00 Filing Fee & Certified Copy (additional copy is enclosed)	☐S160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
		ng Address	Street Address	Najolon
	Divisi	iling Section on of Corporations Box 6327	New Filing Section D The Centre of Tallah 2415 N. Monroe Stre	assee

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability	ty Company is:				
Bondi – Merrick Par (Must cont	k LLC ain the words "Limited	Liability Comp	pany, "L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street a	ddress of the principal c	office of the Li	nited Liability Company is:		
<u>Princip</u>	al Office Address:		Mailing Add	ress:	
400 West 12th Stree New York, NY 1001			400 West 12th Street, Suite New York, NY 10014		2024 [
ARTICLE III - Registered Ag (The Limited Liability Company another business entity with an	cannot serve as its owr	Registered A	Agent's Signature: gent. You must designate an i	ndividual or	2024 050 15 1
The name and the Florida street	address of the registered	d agent are:			PH 9
	United Corporate Se	Name		: 15	9։ և7
	3458 Lakeshore Dri	ve			
	Florida street addres	ss (P.O. Box <u>N</u>	OT acceptable)		
	Tallahassee	FL_	32312		
	City	State	Zip		
laving been named as registered blace designated in this certificate in the certificate in the agree to comply with the pum familiar with and accept the or	, I hereby accept the approvisions of all statutes to bligations of my position	pointment as regel relating to the p	gistered agent and agree to ac roper and complete performa gent as provided for in Chapt	t in this capacity. nce of my duties, a	1
	Regis	tered Agent's S	Signature (REQUIRED)		

(CONTINUED)

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	David Hess 400 West 12th Street, Suite 9AB
	400 West 12th Street, Suite 9AB
	New York, NY 10014
MGR	Aiden Carty
INON	1510 Marseille Drive
	Miani Beach, FL 33141
	<u> </u>
	ن.
(Use attachment if necessary)	2
	ate of filing: (OPTIONAL)
ffective date is listed, the date must be	of meet the applicable statutory filing requirements, this date will have
LE VI: Other provisions, if any,	
LE VI. Once provisions, it any.	T.
T.E. VI: Other provisions, it any.	
•	
•	
REQUIRED SIGNATURE: /s/David Hess Signature of a This document is exe I am aware that any fa	member or an authorized representative of a member, seuted in accordance with section 605.0203 (1) (b). Florida Statutes, alse information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.S.
REQUIRED SIGNATURE: /s/David Hess Signature of a This document is exe I am aware that any fa	member or an authorized representative of a member, reuted in accordance with section 605.0203 (1) (b). Florida Statutes, also information submitted in a document to the Department of State

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)