

Florida Department of State

Division of Corporations

Electronic Filing Office

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Handwritten: 12-18-24

Print this page and use it as a cover sheet with tax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : FILE RIGHT LLC

Account Number : 120170000091

Phone : (718)878-5811

Fax Number : (718)732-4580

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

RECEIVED

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**FLORIDA LIMITED LIABILITY CO.
1150 NEWCASTLE WASHINGTON IL LLC**

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

**ESTATE
FILE**

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: 1150 NEWCASTLE WASHINGTON IL LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Name of Person
FILE RIGHT LLC
Firm/Company
1425 37TH STREET, SUITE 201
Address
BROOKLYN, NY 11218
City/State and Zip Code
sales@filecorp.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sara 718 878-5811
at ()
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee
☐ \$130.00 Filing Fee & Certificate of Status
☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

1150 NEWCASTLE WASHINGTON II, 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:7050 W PALMETTO PARK RD STE 15365
BOCA RATON, FL 33433**Mailing Address:**7050 W PALMETTO PARK RD
STE 15365
BOCA RATON, FL 33433**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:

BEN OBERLANDER

Name

7050 W PALMETTO PARK RD STE 15365Florida street address (P.O. Box **NOT** acceptable)BOCA RATONFL33433

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/ BEN OBERLANDER

Registered Agent's Signature (REQUIRED)

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STATE
FL.

