

Florida Department of State

L24000523657

Division of Corporations
Electronic Filing Cover Sheet

12-18-24

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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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)732-4590

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

2024 DEC 17 PM 1:03

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FLORIDA LIMITED LIABILITY CO.

3000 RISEN SON CB IA LLC

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

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CORPORATIONS

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: 3000 RISEN SON CB IA LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) 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@fileacorp.com |
| E-mail address: (to be used for future annual report notification) |

For further information concerning this matter, please call:

| | | |
|----------------|-----------|--------------------------|
| Sara | 718 | 878-5811 |
| Name of Person | Area Code | Daytime Telephone Number |

Enclosed is a check for the following amount:

| | | | |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) | <input type="checkbox"/> \$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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

3000 RISEN SON CB 1A 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: |
|-----------------------------------|-------------------------|
| 7050 W PALMETTO PARK RD STE 15365 | 7050 W PALMETTO PARK RD |
| BOCA RATON, FL 33433 | 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 15365

Florida street address (P.O. Box **NOT** acceptable)

| | | |
|------------|-------|-------|
| BOCA RATON | FL | 33433 |
| 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)

(CONTINUED)

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CORPORATIONS

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ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

SOLOMON ABRAMCZYK

7050 W PALMETTO PARK RD STE 1536S

BOCA RATON, FL 33433

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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:

/5/ SOLOMON ABRAMCZYK

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.

SOLOMON ABRAMCZYK

Typed or printed name of signee

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)

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