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(Requestor's Name)
(Address)
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' Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301

850.656.7956 Fax: 850.656.7953 www.incserv.com

incserv

ORDER FORM

¡TO]; Florida Department of State

FROM

Melissa Moreau

The Centre of Tallahassee

2415 North Monroe Street, Suite 810

Tallahassee, FL 32303

850.656.7953

corphelp@dos.myflorida.com

850-245-6051

OUR REF_#_(Order_ID#)

REQUEST DATE, 1/15/2025

PRIORITY Regular Approval

ORDER ENTITY

192-194 FLATBUSH AVENUE II LLC

PLEASE PERFORM THE FOLLOWING SERVICES:

192-194 FLATBUSH AVENUE II LLC (FL)

Please file the attached articles and provide a certified copy.

NOTES:

\$155.00 Authorized

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: 120050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Wednesday, January 15, 2025

Page I of I

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

192-194 Flatbush Ave (Must conta		Liability Con	npany, "L.L.C.," or "LLC.")		-
ARTICLE II - Address: The mailing address and street ad	dress of the principal o	office of the L	imited Liability Company is:		
Principal Office Address:			Mailing Address:		
9583 Balenciega Court Delray Beach, FL 33446			9583 Balenciega Court Delray Beach, FL 33446		2025 JAN
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a The name and the Florida street a	cannot serve as its own ctive Florida registration ddress of the registered	Registered / on.)		individual or	15 MH 9: 47
	Matthew Pintchik	Name			
	9583 Balenciega Co	urt			
	Florida street addres		NOT acceptable)		
	Delray Beach	FL	33446		
	City	State	Zip		
Having been named as registered a place designated in this certificate, further agree to comply with the pro am familiar with and accept the obt	I hereby accept the apportisions of all statutes re	ointment as re elating to the as registered	egistered agent and agree to ac proper and complete performa	t in this capacity nce of my duties,	:I
			Signature (REQUIRED)	-	

(CONTINUED)

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
AMBR	Matthew Pintchik 9583 Balenciega Court Delray Beach, FL 33446
AMBR	Michael Pintchik 502 Bergen Street Brooklyn, New York 11217 225 502 503 503 504 504 505 506 507 507 508 508 508 508 508 508
effective date is listed, the date mu te of filing.) If the date inserted in this block d	the date of filing:

REOUIRED SIGNATURE:

/s/ Matthew Pintchik

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.

as

Matthew Pintchik

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)