15000237

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Ďo	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



600439123486

2025 JAN 15 AM 9: 47

Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301

850.656.7956 Fax: 850.656.7953 www.incserv.com



ORDER FORM

TO	Florida	Department	Ωf	State
!• <u>~</u>	Horiua	Department	OI.	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

REQUEST DATE 1/15/2025

PRIORITY Regular Approval

OUR REF_#_(Order_ID#)_ 133

_ථා **:)#)** 13392**7**2

ORDER ENTITY

216 FLATBUSH AVENUE II LLC

г	11		•	CE	-	DE/		THE			SAFTE	_	CER		~~~	_
۲	'L	Œ	А	3E	-	CKF	UKM	IRE	PUL	.LU	WIN	ILъ	SER	ZVI.		•
٠.	-															•

216 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.

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

216 Flatbush Avenue II LLC		
(Must contain the words "Limited Liabi	ity Company, "L.L.C.," or "LLC.")	
ARTICLE 11 - Address: The mailing address and street address of the principal office	of the Limited Liability Company is:	
Principal Office Address:	Mailing Addres	<u>'s</u> :
Principal Office Address: 9583 Balenciega Court	Mailing Addres 9583 Balenciega Court	3 <u>x</u> :
		<u> </u>
9583 Balenciega Court	9583 Balenciega Court	<u> </u>

The name and the Florida street address of the registered agent are:

Matthew Pintchik

Name

9583 Balenciega Court

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

Delray Beach

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/ Matthew Pintchik

Registered Agent's Signature (REQUIRED)

(CONTINUED)

. 1	RT	11/	٠.۱	Ľ.	IV

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

	Title:	Name and Address:
	"AMBR" = Authorized	dember
	"MGR" = Manager	
	AMBR	Matthew Pintchik
		9583 Balenciega Court Delray Beach, FL 33446
		therap theath, the 35 th
	AMBR	Michael Pintchik
	AMOR	502 Bergen Street Brooklyn, New York 11217
		Brooklyn, New York 11217
		Brooklyn, New York 11217
		
		-
		
		
If an e the date <u>Note:</u> the doc	ffective date is listed, the e of filing.) If the date inserted in this nument's effective date on	ner than the date of filing:
ARTIC	LE VI: Other provisions, i	any.
	REQUIRED SIGNAT	URE:
	/s/ M	tthew Pintchik
	This do I am aw	mature of a member or an authorized representative of a member, ument is executed in accordance with section 605.0203 (1) (b), Florida Statutes, are that any false information submitted in a document to the Department of State es a third degree felony as provided for in s.817.155, F.S.
	,	latthew Pintchik
	<u>. i</u>	Typed or printed name of signee
		A1 a. 1

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)