125000022379

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone #)
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Name	<u> </u>
(Do	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer.	

Office Use Only



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2025 JAN 15 AM 9: 47

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N-ONVED

Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301

850.656.7956 Fax: 850.656.7953 www.incserv.com



ORDER FORM

TO	Florida Department of Sta	te	FROM	Melissa Moreau	
	The Centre of Tallahassee 2415 North Monroe Street Tallahassee, FL 32303			850.656.7953	2025 JAN
	corphelp@dos.myflorida.co	om			
	850-245-6051				(V) (Q)
REQUEST	DATE 1/15/2025	PRIORITY Regular A	pproval	OUR REF_#_	(Order ID#)
ORDER E	· ———				- 1
218-220 Fl	ATBUSH AVENUE ASSOCIA	ATES II LLC			
	ERFORM THE FOLLOWI FLATBUSH AVENUE ASS				1 J
Please fi	le the attached articles and	provide a certified copy.			
NOTES:_		<u> </u>			
\$155.00 Au	uthorized				
	FORWARDING INSTRUCTION FOR THE PROPERTY OF T	CTIONS:			
Please bill	the above referenced accor	unt for this order.			
If you have	e any questions please cont	act me at 656-7956,			

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.

Sincerely,

$\textbf{\textit{ARTICLES}OFORGANIZATION} FOR FLORIDA LIMITED LIABILITY COMPANY$

ARTICLE 1 - Name: The name of the Limited Liability	Company is:			
218-220 Flatbush Ave (Must contai			pany, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street add	dress of the principal	office of the L	imited Liability Company is:	
Principal	Office Address:		Mailing Address:	
9583 Balenciega Cour Delray Beach, FL 334			9583 Balenciega Court Delray Beach, FL 33446	2025
ARTICLE III - Registered Agen (The Limited Liability Company canother business entity with an action of the name and the Florida street actions).	annot serve as its ow tive Florida registrati	n Registered A on.)	Agent's Signature: gent. You must designate an individual of	Oi
	Widther Timenik	Name	· · · · · · · · · · · · · · · · · · ·	E J
	9583 Balenciega Co	nurt		
	Florida street addre		(OT acceptable)	
	Delray Beach	FL	33446	
	City	State	Zip	
place designated in this certificate. I further agree to comply with the pro	hereby accept the app visions of all statutes	pointment as re relating to the p n as registered	for the above stated limited liability comp gistered agent and agree to act in this ca proper and complete performance of my a agent as provided for in Chapter 605, F.S	pacity. I luties, and I
			Signature (REQUIRED)	
		(CONTIN	⊎ ED)	

ARTICLE IV-

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

	t <u>le:</u>	Name and Address:	
	MBR" = Authorized N	Member	
	IGR" = Manager		
-	AMBR	Matthew Pintchik	
		9583 Balenciega Court 20 Delray Beach, FL 33446 27	

		Minhael Dissabile	
<u>A</u>	MBR	Wichael Pinichk	222
		Brooklyn, New York 11217	3
		A THE STATE OF THE	77
		1.7	
_			-
	-		
If an effect he date of f Note: If the the docume	ive date is listed, the obling.) e date inserted in this late on the date of t	her than the date of filing:	·
ARTICLE '	VI: Other provisions, if	fany.	
RI	EOUIRED SIGNATU	JRE:	_
	/s/ Mat	thew Pintchik	
	Sig	gnature of a member or an authorized representative of a member.	
		nument is executed in accordance with section 605.0203 (1) (b), Florida Statutes.	
	I am awa constitut	es a third degree felony as provided for in s.817.155, F.S.	
	X	latthew Pintchik	
	<u></u>	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)