To:



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.

(((H25000018578 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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.\*\*





Help

To:	• • Pag	ge: 03 of 25	2025-01-15 22:08:11	GMT	17187959036	From: Mark Fuchs
H250000	18578 3					
			COVER LE	TTER		
		ew Filing Section ivision of Corporations				
	CUD IDOT	CHAPTERS LIVING C	OF JEFFERSONVILL	E PROPCO LI.C		
	SUBJECT	:	Name of Limited Lia	bility Company		
	The enclose	ed Articles of Organization	and fee(s) are submit	ted for filing.		
	Please retu	rn all correspondence conc	erning this matter to th	ie fołlowing:		
			Name	of Person		
		FILE RIGHT LLC				
			Firm/	Company		
		1425 37TH STREET, SU	itte 201			
			Ac	ldress		
		BROOKLYN, NY 11218				
	ţ	sales@fileacorp.com	City/State	and Zip Code		
	-		s: (to be used for futur	re annual report notifica	tion)	
	For further in	formation concerning this	matter, please call:			
		Sara	718 at (	878-5811		
		Name of Person	Area Code	: Daytime Telephor	ne Number	
	Enclosed is	a check for the following	amount:			
[	✔\$125.00 Fi	ling Fee S130.00 Fi Certificate	of Status	5.00 Filing Fee & tified Copy onal copy is enclosed)	10 L	(cd)
		<u>Mailing Address</u> New Filing Section Division of Corpora P.O. Box 6327 Tallahassee, FL 322		Street Address New Filing Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 3230	tions	1

· Page: 04 of 25

2025-01-15 22:08:11 GMT

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To<sup>2</sup>

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE 1 - Name:

The name of the Limited Liability Company is:

# CHAPTERS LIVING OF JEFFERSONVILLE PROPCO 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:

CHAIM OBERLAN	DER	
	Name	
7050 W PALMETTO	PARK RD STE I	5365
Florida street address	6 (P.O. Box <u>NOT</u> a)	cceptable)
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. Thereby accept the appointment as registered agent and agree to act in this capacity. T 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 / CHAIM OBERLANDER Registered Agent's Signature (REQUIRED)

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

"AMBR" = Authorized Member	
"MGR" = Manager MGR	SOLOMON ABRAMCZYK
MOR	7050 W PALMETTO PARK RD STE 15365
	BOCA RATON, FL 33433
	······································
(Use attachment if necessary)	
<b>FV</b> : Effective date, if other than the date of filing:	(OPTIONAL)
	cannot be more than five business days prior to or 90
of filing.)	
the date inserted in this block does not meet the a	pplicable statutory filing requirements, this date will no
ment's effective date on the Department of State's	

ARTICLE VI: Other provisions, if any.

REOUIRED SIGNATURE:

### /s/ 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)

