Florida Department of State

Division of Corporations Electronic Filing Cover Sheet



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : FILE IT USA INC. Account Number : I20190000121 Phone : (718)925-2025 Fax Number : (718)925-2027

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FLORIDA LIMITED LIABILITY CO. PYF MANAGEMENT COMPANY LLC

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

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is: PYF MANAGEMENT COMPANY LLC (Must conatin 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: 10503 Copper Lake Drive 10503 Copper Lake Drive Boynton Beach, FL 33437 Boynton Beach, FL 33437 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:

| Sam Rausman | | |
|-----------------------|--------------------------|------------|
| | Name | |
| 10503 Copper Lake I | Dr. | |
| Florida street addres | s (P.O. Box <u>NOT</u> a | cceptable) |
| Boynton Beach | FL | 33437 |
| 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/Sam Rausman |
|---|
| Registered Agent's Signature (REQUIRED) |

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Page: 3/3

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

| Title: "AMBR" = Authorized Membe | Name and Address: t |
|---|---|
| "MGR" = Manager | // P |
| AMBR | Sam Rausman 10503 Copper Lake Dr. |
| | Boynton Beach, FL 33437 |
| | Bothon Bellett 1 B 33437 |
| AMBR | Abraham S. Letkowitz |
| | 133 Sunflower Drive, Unit 134A |
| | Lakewood, NJ 08701 |
| | |
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| (Use attachment if necessary) ARTICLE V: Effective date, if other than | the date of filing: |
| (If an effective date is listed, the date mu the date of filing.) | ist be specific and cannot be more than five business days prior to or 90 days after oes not meet the applicable statutory filing requirements, this date will not be listed as |
| the document's effective date on the Dep | |
| ARTICLE VI: Other provisions, if any. | |
| | |
| | |
| REQUIRED SIGNATURE: | |
| | /s/ Sam Rausman |
| Signature | e of a member or an authorized representative of a member. |
| I am aware that | is executed in accordance with section 605.0203 (1) (b), Florida Statutes. any false information submitted in a document to the Department of State rd degree felony as provided for in s.817.155, F.S. |
| · Sam Rau | ısman |
| .,an isac | 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)