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| (Requestor's Name) | |
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| (Address) | 00 |
| (Address) | |
| (City/State/Zip/Phone #) | |
| PICK-UP WAIT MAIL | |
| (Business Entity Name) | |
| (Document Number) | |
| Certified Copies Certificates of Status | |
| Special Instructions to Filing Officer: | |
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INC.

236 Fast 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066)

 $\tilde{}$ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

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| | PICK UP: | MARIA 6/26 | _ |
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| | CERTIFIED COPY | | |
| XX | РНОТОСОРУ | | |
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| XX | FILING | LLC | |
| | PEX 13128 LLC ORPORATE NAME AND DOCUMEN | NT #) | |
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| CIAL I | NSTRUCTIONS: | | |
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liabili | ly Company is: | | | |
|---|--|---|--|-----------------------------------|
| Apex 13128 LLC | | | | |
| (Must cont | ain the words "Limited L | iability Com | npany, "L.L.C.," or "LLC.") | |
| ARTICLE II - Address: The mailing address and street a | ddress of the principal of | fice of the L | imited Liability Company is: | |
| <u>Princip</u> | al Office Address: | | Mailing Address: | |
| 217 Woodbury Rd L Woodbury NY 1179 | | <u></u> | 217 Woodbury Rd Unit 224 Woodbury NY 11797 | |
| ARTICLE III - Registered Ag (The Limited Liability Company another business entity with an a The name and the Florida street | cannot serve as its own Factive Florida registration | Registered A | gent. You must designate an individ | ual or |
| | | Name | | |
| | 801 US Highway 1 | | | |
| | Florida street address | (P.O. Box 2 | OT acceptable) | |
| | North Palm Beach | FL | 33408 | Ö |
| | City | State | Zip | 65 |
| place designated in this certificate further agree to comply with the p | I hereby accept the appo- vovisions of all statutes rel digations of my position a | intment as re lating to the j s registered Kristen Fur | for the above stated limited liability consistered agent and agree to act in this oroper and complete performance of agent as provided for in Chapter 605, adaro Signature (REQUIRED) | s capacity. I my duties, and I |
| | J | (CONTIN | | |

ARTICLE IV-

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

| "AMBR" = Authorized Member | Name and Address: |
|---|--|
| "MGR" = Manager AMBR | Jay Chandnani 217 Woodbury Rd Unit 224 Woodbury NY 11797 |
| | |
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| | |
| | |
| (Use attachment if necessary) | V3 |
| | d cannot be more than five business days prior to or 90 days |
| : If the date inserted in this block does not meet the a | applicable statutory filing requirements, this date will not be list |
| If the date inserted in this block does not meet the a ocument's effective date on the Department of State's | |
| : If the date inserted in this block does not meet the a ocument's effective date on the Department of State's ICLE VI: Other provisions, if any. | |
| If the date inserted in this block does not meet the a ocument's effective date on the Department of State's ICLE VI: Other provisions, if any. REOUIRED SIGNATURE: | |
| E: If the date inserted in this block does not meet the a locument's effective date on the Department of State's ICLE VI: Other provisions, if any. REOUIRED SIGNATURE: /S/ Signature of a member or This document is executed in accounted. | Jay Chandnani an authorized representative of a member. cordance with section 605.0203 (1) (b), Florida Statutes. ation submitted in a document to the Department of State |
| REOUIRED SIGNATURE: /S/ Signature of a member or This document is executed in acc I am aware that any false informa constitutes a third degree felony a Jay Chandnani | Jay Chandnani an authorized representative of a member. cordance with section 605.0203 (1) (b), Florida Statutes. ation submitted in a document to the Department of State |

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)