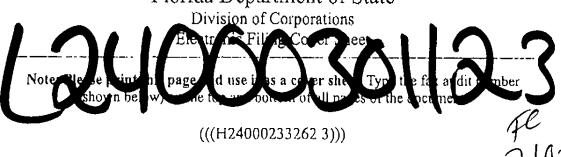
Florida Department of State





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

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : GERALD WEINBERG, P.C.

Account Number : I20030000043 Phone : (800)342-9856 Fax Number : (800)354-3381

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **.

Email Address:

FLORIDA LIMITED LIABILITY CO. 2749 N POINCIANA LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

2749 N PC	INCIANA LLC
(Must contain the words "Limited Linbi	lity Company, "L.L.C.," or "LLC.")
RTICLE II - Address:	
he mailing address and street address of the principal office	of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
3000 MARCUS AVE STE 1W5	3000 MARCUS AVE STE 1W5
LAKE SUCCESS, NY 11042	LAKE SUCCESS, NY 11042
The Limited Liability Company cannot serve as its own Reg	egistered Agent's Signature: istered Agent, You must designate an individual o
The Limited Liability Company cannot serve as its own Reg nother business entity with an active Florida registration.)	istered Agent. You must designate an individual o
RTICLE III - Registered Agent, Registered Office, & R The Limited Liability Company cannot serve as its own Reg nother business entity with an active Florida registration.) The name and the Florida street address of the registered age INCORPORA	istered Agent. You must designate an individual o
The Limited Liability Company cannot serve as its own Reg nother business entity with an active Plorida registration.) The name and the Florida street address of the registered age	istered Agent. You must designate an individual on are: TING SERVICES, LTD.
The Limited Liability Company cannot serve as its own Reg nother business entity with an active Florida registration.) The name and the Florida street address of the registered age INCORPORA Na	istered Agent. You must designate an individual on are: TING SERVICES, LTD.
The Limited Liability Company cannot serve as its own Reg nother business entity with an active Florida registration.) The name and the Florida street address of the registered age INCORPORA Na	istered Agent. You must designate an individual on are: TING SERVICES, LTD. me LENWAY DRIVE
The Limited Liability Company cannot serve as its own Reg nother business entity with an active Florida registration.) The name and the Florida street address of the registered age INCORPORA Na	istered Agent. You must designate an individual on are: TING SERVICES, LTD. me LENWAY DRIVE

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/ MELISSA MOREAU ASSIST. SECRETARY

Registered Agent's Signature (REQUIRED)

(CONTINUED)

2024 JUL 14 PH 12: 26

H24 000 233 2623 MA 1571 FL 3

<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
AMBR	ZACHARY LAWSON 3000 MARCUS AVE STE 1W5 LAKE SUCCESS, NY 11042
AMBR	VICTORIA IANNELLI 3000 MARCUS AVE STE 1WS LAKE SUCCESS, NY 11042
	
	
V: Biffective date, if other than the datetive date is listed, the date must be suffiling.)	te of filing: (OPTIONAL) pecific and cannot be more than five business days prior to or 90 day
EV: Effective date, if other than the date tilve date is listed, the date must be s filling.) the date inserted in this block does not ment's effective date on the Department.	pecific and cannot be more than five business days prior to or 90 day meet the applicable statutory filing requirements, this date will not be
EV: Effective date, if other than the dated the date is listed, the date must be so filling.) the date inserted in this block does not ment's effective date on the Department EVI: Other provisions, if any.	pecific and cannot be more than five business days prior to or 90 day meet the applicable statutory filing requirements, this date will not be
CV: Effective date, if other than the date tive date is listed, the date must be stiffling.) The date inserted in this block does not nent's effective date on the Department CVI: Other provisions, if any. REQUIRED SIGNATURE: / S / ZACHARY	pecific and cannot be more than five business days prior to or 90 day meet the applicable statutory filing requirements, this date will not be at of State's records.
CV: Effective date, if other than the date tilve date is listed, the date must be suffiling.) The date inserted in this block does not itent's effective date on the Department. CVI: Other provisions, if any. REQUIRED SIGNATURE: / s / ZACHARY	pecific and cannot be more than five business days prior to or 90 days meet the applicable statutory filing requirements, this date will not be at of State's records.
ctive date is listed, the date must be s f filing.) the date inserted in this block does not nent's effective date on the Department E VI: Other provisions, if any. REOUIRED SIGNATURE: /s/ ZACHARY Signature of a m This document is exect I am aware that any fall	LAWSON member or an authorized representative of a member. uted in accordance with section 605.0203 (1) (b), Florida Statutes. se information submitted in a document to the Department of State ee felony as provided for in s.817.155, F.S.
CV: Effective date, if other than the date tilve date is listed, the date must be suffiling.) The date inserted in this block does not itent's effective date on the Department. CVI: Other provisions, if any. REQUIRED SIGNATURE: / s / ZACHARY	meet the applicable statutory filing requirements, this date will not be at of State's records. LAWSON member or an authorized representative of a member, uted in accordance with section 605.0203 (1) (b), Florida Statutes, se information submitted in a document to the Department of State ee felony as provided for in s.817.155, F.S.