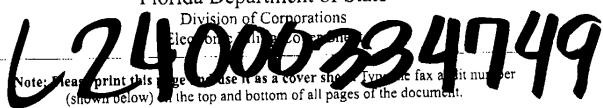
Florida Department of State



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From:

Account Name : COMITER & SINGER, LLP

Account Number : 120000000085 Phone : (561)626-4742 Fax Number : (561)626-4742

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FLORIDA LIMITED LIABILITY CO.

AJC Roebuck Partners, LLC

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COVER LETTER

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SUBJEC		k Partners, LLC		
30200	- · · · · · · · · · · · · · · · · · · ·	Name of Limit	ted Liability Company	
The enc!	osed Articles of C	organization and fee(s) are	submitted for filing.	
Please re	sturn all correspor	ndence concerning this matt	ter to the following:	
	Alan H. Base	man, Esq.		
			Name of Person	
	Comiter, Sing	ger, Baseman & Braun, LL	P	
			Firm/Company	
	3825 PGA B	lvd., Suite 701		
		·	Address	
	Palm Reach	Gardens, FL 33410		
			ty/State and Zip Code	
	corporate@co	mitersinger.com -mail address: (to be used	for future annual report notificati	on)
For furth		ncerning this matter, please		
	Rebecca Byc	rs 50 _nt (626-2101	
	Nam		rea Code Daytime Telephon	e Number
Enclos	ed is a check for t	he following amount:		
□ \$12	5.00 Filing Fee	☐\$130.00 Filing Fee & Certificate of Status	■\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$160.00 Filing Fec, Certificate of Status & Certified Copy (additional copy is enclosed
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New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address
New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

AKTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	. !! С		
AJC Roebuck Partner (Must conta	in the words "Limited Liab	lity Company, "	L.1C.," or "LLC.")
RTICLE II - Address: ne mailing address and street ac	ddress of the principal office	of the Limited I	Liability Company is:
Principa	al Office Address:		Mailing Address:
535 5th Avenue		535 5	th Avenue
4th Floor		4th F	loor
New York, NY 1001	Degistered Office & B	New New	York, NY 10017
New York, NY 1001 RTICLE III - Registered Age the Limited Liability Company tother business entity with an a	ent, Registered Office, & Recently serve as its own Registration.) active Florida registration.) address of the registered again	New legistered Agen gistered Agent. Your are:	York, NY 10017 t's Signature: You must designate an individual or
New York, NY 1001 RTICLE III - Registered Agracy and the Limited Liability Company nother business entity with an analysis.	ent. Registered Office, & Recently serve as its own Regactive Florida registration.) address of the registered age Comiter, Singer, Basema	New legistered Agen gistered Agent. Your are:	York, NY 10017 t's Signature: You must designate an individual or
New York, NY 1001 RTICLE III - Registered Agracy and the Limited Liability Company nother business entity with an analysis.	ent, Registered Office, & Recently serve as its own Registerion.) address of the registered against Comiter, Singer, Basema	New Registered Agent, Yestered Agent. Yent are:	York, NY 10017 t's Signature: You must designate an individual or
New York, NY 1001	ent. Registered Office, & Recently serve as its own Regactive Florida registration.) address of the registered age Comiter, Singer, Basema	New legistered Agent, y stered Agent. Y sent are: on & Braun, LLF ame	York, NY 10017 I's Signature: You must designate an individual or
New York, NY 1001 RTICLE III - Registered Age The Limited Liability Company mother business entity with an a	ent, Registered Office, & Recently serve as its own Registerion.) address of the registered against Comiter, Singer, Basema N 3825 PGA Boulevard, S	New legistered Agent, y stered Agent. Y sent are: on & Braun, LLF ame	York, NY 10017 I's Signature: You must designate an individual or

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	Andrew J. Cohen 535 5th Avegue - 4th Floor
	535 5th Avenue - 4th Floor
	New York, NY 10017
(Use attachment if necessary) CLE V: Effective date, if other than the	e date of filing: (OPTIONAL)
CLE V: Effective date, if other than the effective date is listed, the date must le of filing.) If the date inserted in this block does cument's effective date on the Depart	be specific and cannot be more than five business days prior to or 90 s not meet the applicable statutory filing requirements, this date will not ment of State's records.
CLE V: Effective date, if other than the effective date is listed, the date must te of filling.) If the date inserted in this block does	s not meet the applicable statutory filing requirements, this date will not ment of State's records.
CLE V: Effective date, if other than the effective date is listed, the date must the of filing.) If the date inserted in this block does current's effective date on the Depart CLE VI: Other provisions, if any.	s not meet the applicable statutory liting requirements, this date will not ment of State's records.
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CLE V: Effective date, if other than the effective date is listed, the date must be of filling.) If the date inserted in this block does cument's effective date on the Depart CLE VI: Other provisions, if any. REQUIRED SIGNATURE:	s not meet the applicable statutory filing requirements, this date will not ment of State's records.
CLE V: Effective date, if other than the effective date is listed, the date must be of filing.) If the date inserted in this block does cument's effective date on the Depart CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of This document is	s not meet the applicable statutory filing requirements, this date will not ment of State's records.
CLE V: Effective date, if other than the effective date is listed, the date must be of filling.) If the date inserted in this block does cument's effective date on the Depart CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of This document is 1 am aware that are constitutes a third	s not meet the applicable statutory filing requirements, this date will not ment of State's records. If a member or ab authorized representative of a member, executed in accordance with section 605.0203 (1) (b), Florida Statutes, or file information submitted in a document to the Department of State

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)