

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

L25000026088

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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.****

Email Address: _____

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2025 JAN 16 AM 11:50
 DEPT. OF CORPORATIONS
 DIVISION OF CORPORATIONS
 TALLAHASSEE, FLORIDA

**FLORIDA LIMITED LIABILITY CO.
 CHAPTERS LIVING OF CARMEL PROPCO LLC**

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

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T-J.H
11/7/25

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: CHAPTERS LIVING OF CARMEL PROPCO LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fees(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Name of Person

FILE RIGHT LLC

Firm/Company

1425 37TH STREET, SUITE 201

Address

BROOKLYN, NY 11218

City/State and Zip Code

sales@fileacorp.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sara _____ at (718) _____ 878-5811
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CHAPTERS LIVING OF CARMEL 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
BOCA RATON, FL 33433

7050 W PALMETTO PARK RD
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 OBERLANDER
Name

7050 W PALMETTO PARK RD STE 15365
Florida street address (P.O. Box **NOT** acceptable)

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, 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/ CHAIM OBERLANDER
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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STATE OF FLORIDA
CORPORATION DIVISION

ARTICLE IV-

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

<u>Title:</u>	<u>Name and Address:</u>
"AMBR" = Authorized Member	
"MGR" = Manager	
<u>MGR</u>	<u>SOLOMON ABRAMCZYK</u>
_____	<u>7050 W PALMETTO PARK RD STE 15365</u>
_____	<u>BOCA RATON, FL 33433</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED 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)

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