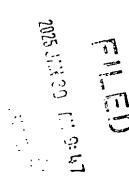
1750000 36596

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

Office Use Only



200442587452



2025 JAN 30 AM 9: 37

CT CORP

(850) 656- 4724 3458 lakesore Drive Tallahassee, FL 32312

01/30/2025

D	ate:0	1/30/2025	- w: DW
		Acc#I20160000072	an: Com
Name:	558S Jax LLC		
Document #:			
Order #:	16073302		
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing: Certified Copy of			2025 17.4 3.0
Apostille/Notarial Certification:		Country of Destination: Number of Certs:	9. 5
Filing: 🗸	Certified: Vertified:		Email Address for Annual Report Notifications
Availability Document Examiner Updater Verifier W.P. Verifier	Amount: \$	155.00	

Thank you!

COVER LETTER

	w Filing Section vision of Corporations	
SUBJECT	558S Jax LLC	
SOBJECT	Name of Limited Liability Company	
The enclose	ed Articles of Organization and fee(s) are submitted for filing.	
Please retui	n all correspondence concerning this matter to the following:	
	Emily Wolf	
	Name of Person	
	The Stro Comanies	20
	Firm/Company	25 · · ·
	104 Chestnut Street, Suite 300	1.3 4.3
	Address	
	Ridgewood, NJ 07450	· · · · · · · · · · · · · · · · · · ·
	City/State and Zip Code	11.
-	E-mail address: (to be used for future annual report notification)	
or further in	nformation concerning this matter, please call:	
	Emily Wolf 917 597-3221	
	Name of Person Area Code Daytime Telephone Number	
Enclosed is	a check for the following amount:	
■\$125.00	Filing Fee S130.00 Filing Fee & S155.00 Filing Fee & S160.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) Certified Co (additional co	of Status &
	Mailing AddressStreet AddressNew Filing SectionNew Filing Section DivisionDivision of CorporationsThe Centre of TallahasseeP.O. Box 63272415 N. Monroe Street, Suite 810Tallahassee, FL 32314Tallahassee, FL 32303	

-1,052 - 04/16/2020 Wolters Kluwer Online

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ontain the words "Limited List address of the principal officinal Office Address:	ice of the Limited Li		:
ripal Office Address:			:
с	c/o Str	Mailing Address	:
	c/o Str		
		o Realty, Inc.	<u>-</u>
reet, #3300		104 Chestnut Street, Suite 300	
	Ridgev	Ridgewood, NJ 07450	
			<u>.</u>
	Name		21.00
1200 South Pine Island	d Road		17
Florida street address	(P.O. Box NOT acc	eptable)	
	(P.O. Box <u>NOT</u> acc Florida	eptable)	
1	Agent, Registered Office, & any cannot serve as its own R in active Florida registration et address of the registered a CT Corporation Syste	Agent, Registered Office, & Registered Agent's my cannot serve as its own Registered Agent. You active Florida registration.) The address of the registered agent are: C T Corporation System Name	Agent, Registered Office, & Registered Agent's Signature: any cannot serve as its own Registered Agent. You must designate an individual active Florida registration.) et address of the registered agent are: C T Corporation System Name

(CONTINUED)

ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: "AMBR" = Authorized Member "MGR" = Manager Steven Millstein MGR 104 Chestnut Street, Suite 300 Ridgewood, NJ 07450 (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: mily Wolf

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.

Emily Wolf, Authorized Signatory

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)