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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : GERALD WEINBERG, P.C.

Account Number : 120030000043

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. EEJR-700, LLC

Certificate of Status	0		
Certified Copy	0		
Page Count	02		
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Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	£EJR-7	700, LLC		
(Must co	ntain the words "Limited Liabilit	ty Company, "L L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street	address of the principal office of	f the Limited Liability Company is.		
Principal Office Address:		Mailing Address:		
	CEAN DRIVE UNIT 310 DERDALE, FL 33308	40 SO. BAY AVENUE AMITYVILLE, NY 11701		
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				
the name and the rights stee	et address of the registered agent	arc.	_	\sim
the name and the riorida street	-		2024 JAN 30 F	SSEE
The name and the Pionia Street	-	OLDINGS LLC	7	SSFE.FL
The name and the Piorita Street	EEJR HO Name	OLDINGS LLC e N DRIVE UNIT 333	_	SSEE, FLORIOZ

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)

11250000 30 1110

ARTICLE IV-

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

<u>Title:</u> "AMBR" = Authorized Member "MOR" = Manager	Name and Address:		
AMBR	EEJR HOLDINGS, LLC 4040 OCEAN DRIVE UNIT 333 FT. LAUDERDALE, FL 33308		
	202		
	2024 JAN 30		
	PH 4: 36		
(If an effective date is listed, the date must be sp the date of filing.)	e of filing		
ARTICLE VI: Other provisions, if any.			
REQUIRED SIGNATURE:	h!h		
This document is execular and lam aware that any fals	ember or an authorized representative of a member, ited in accordance with section 605.0203 (1) (b), Florida Statutes, is information submitted in a document to the Department of State is felony as provided for in s.817.155, F.S.		
	EDWARD RYAN 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)