Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : VCORP SERVICES, LLC

Account Number : I20080000067 Phone : (845)425-9077 Fax Number : (845)818-3588

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

11	Address:			
-maii	ADDOPPSS:			

FLORIDA LIMITED LIABILITY CO. Kaylim HLN LLC

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

Electronic Filing Menu Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Page: 2 of 3

Kaylim HLN 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 Addr	Mailing Address:	
1060 NE 180th Terrace 1060 NE 180th Terrace	1060 NE 180th Terrace	
Miami, FL 33162 Miami, FL 33162	Miami, FL 33162	
	idividual o	
(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an incanother business entity with an active Florida registration.)	ndividual o	
(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an incanother business entity with an active Florida registration.) The name and the Florida street address of the registered agent are:	idividual o	
(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an incanother business entity with an active Florida registration.) The name and the Florida street address of the registered agent are: Mordechai Senderovits	ndividual o	
Name	ndividual o	
(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an incanother business entity with an active Florida registration.) The name and the Florida street address of the registered agent are: Mordechai Senderovits Name 1060 NE 180th Terrace	ndividual o	

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/Mordechai Senderovits Registered Agent's Signature (REQUIRED)

> > (CONTINUED)

ARTICLE IV-

To: FL DIVISION OF CORPORATIONS

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

Title: "AMBR" = Authorized Member	Name and Address:				
"MGR" = Manager <u>AMBR</u>	Steven Mandel 11 Muriel Ave, Lawrence, NY 11559				
	- POS FACE				
	2025 FEB 18				
	FEB 18 PH 4: 4				
(Use attachment if necessary)					
(If an effective date is listed, the date must be sp the date of filing.) Note: If the date inserted in this block does not r	of filing: (OPTIONAL) ecific and cannot be more than five business days prior to or 90 days after neet the applicable statutory filing requirements, this date will not be listed as				
ARTICLE VI: Other provisions, if any.	of State's records.				
REQUIRED SIGNATURE:					
/s/Steven Mand	el				
This document is execu I am aware that any falso	ember or an authorized representative of a member. ted in accordance with section 605.0203 (1) (b), Florida Statutes. information submitted in a document to the Department of State telony as provided for in s.817.155, F.S.				
Steven Mandel					
	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)