

L220000494375

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

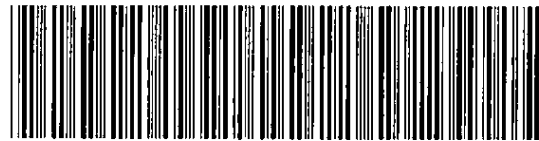
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000397940030

S. CHATHAM
NOV 22 2022

FILED
SECRETARY OF STATE
DIVISION OF CORPORATE AFFAIRS
22 NOV 22 AM 10:00

2022 NOV 22 AM 11:32

COVER LETTER

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

SUBJECT: 2851 NE 183 St. 1914E, LLC

Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Vlad Fayer

Name of Person

Firm/Company

1702 Avenue Z Apt 3B

Address

Brooklyn, NY 11223

City/State and Zip Code

vladfayer@yahoo.com

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

For further information concerning this matter, please call:

Vlad Fayer 917 807-3816

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 152116 8071995
AUTHORIZATION : 
COST LIMIT : \$ 160.00

ORDER DATE : November 22, 2022
ORDER TIME : 10:32 AM
ORDER NO. : 152116-005
CUSTOMER NO: 8071995

DOMESTIC FILING

NAME: 2851 NE 183 STREET 1914E, LLC

EFFECTIVE DATE:

ARTICLES OF INCORPORATION
 CERTIFICATE OF LIMITED PARTNERSHIP
 ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
 PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland - EXT.

EXAMINER'S INITIALS: _____

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

2851 NE 183 St. 1914E, 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:

1702 Avenue Z Apt 3B
Brooklyn, NY 11223

1702 Avenue Z Apt 3B
Brooklyn, NY 11223

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:

Epstein Becker & Green PC, INC
Name

c/o Andrew Kaplan, 1 Beach Drive SE Suite 303
Florida street address (P.O. Box **NOT** acceptable)

St. Petersburg FL 33701
City State Zip

FILED
STATE OF FLORIDA
DIVISION OF CORPORATIONS
22 NOV 22 AM 10:00

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.

Epstein Becker & Green PC

By 
Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

MGR

Vlad Fayer
1702 Avenue Z Apt 3B
Brooklyn, NY 11223

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
22 NOV 22 AM 10:00

(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:

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.

Vlad Fayer

Typed or printed name of signer

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)