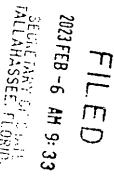
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(Requestor's Name)	_
(Address)	
(Address)	
(City/State/Zip/Phone #)	_
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
e ried Copies Certificates of Status	
st actal Instructions to Filing Officer:	
	:

Office Use Only



200400728192





FLORIDA-CAPITAL COURIER SERVICES, INC	
TALLAHASSEE, FL 32309	
(850) 524-5437 (850) 524-6243	
PLEASE USE FUNDS FROM THIS ACCOUNT: AUTHORIZATION SIGNATURE:	
Silent Luxury, LLC	
Business Name Document N	umber, (if known):
Walk in	Pick up time
Mail out	Will wait Photocopy
Certified Copy of the Articles of Organization Certificate of Status	on
NEW FILINGS	<u>AMMENDMENTS</u>
Profit	Amendment
Not for Profit X Limited Liability	Resignation of R.A. Officer/DirectorChange of Registered Agent
Domestication	Revocation of Dissolution
Other	Merger
— CORP PLLC	Conversion Amended and restated Articles
	Statement of Authority
OTHER FILINGS	REGISTERATION/QUALIFICATIONS
Annual Report	Foreign filing Limited Partnership
Fictitious Name	Reinstatement
APOSTILLE()Country	Other

EXAMINIER'S INITIALS:____

COVER LETTER

	New Filing Sec Division of Cor						
SUBJEC		UXURY, LLC					
SOBSEC		Name of	Limi	ted Liabilit	y Company		
The enclo	sed Articles of	Organization and fee(s)) are	submitted f	or filing.		
Please reti	uru all correspo	ondence concerning this	matt	ter to the fo	llowing:		
	Sandra Z. Gr	reen, Esq.					
				Name of I	'erson		
	JONATHAN	NH. GREEN & ASSOC	CIAT	ES, P.A.			
		•		Firm/Con	npany		
	901 Ponce de Leon Boulevard, Suite 601						
				Addre	SS		
	Coral Gables	s, Florida 33134					
			Cit	y/State and	Zip Code		
	- I	E-mail address: (to be us	sed f	or future an	nual report notificati	ion)	
For further	information co	neerning this matter, ple	ease (call:			
	Sandra Z. Gre		305 (372-5100		
	Nam	e of Person		a Code	Daytime Telephon	e Number	
Enclosed	is a check for the	he following amount:					
≣\$ 125.0°	0 Filing Fee	□\$130.00 Filing Fee Certificate of Status	: &	Certifie	.00 Filing Fee & d Copy copy is enclosed)	☐S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
		ng Address			Street Address New Filing Section D	ivision	

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

New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLE IV-

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

Title:	Name and Address:
	Authorized Member
"MGR" = N	anager
MGR	
-	162 Warburton Avenue
	Hastings-On-Hudson, NY 10706
	<u> </u>

(Heapttachr	ment if necessary)
(Ose attacin	nent if necessary)
TICLE V. Effecti	ve date, if other than the date of filing: (OPTIONAL)
an effective date i	i listed, the date must be specific and cannot be more than five business days prior to or 90 days after
e date of filing.)	Traces, the date mass be specific and earnest be more than the massies, way, prior to be young mitted
	erted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
	live date on the Department of State's records.
e document is effec	are dute on the peparation of older a redords.
RTICLE VI: Other	provisions, if any.
REOUIRE	SIGNATURE:
	Signature of a member or an authorized representative of a member.
	THE A STATE OF THE

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.

SANDRA Z. GREEN, ESQ.

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)



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability	Company is:							
SILENT LUXURY, L								
(Must contai	n the words "Limited Lia	ibility Company, "	L.L.C.," or "LLC.")					
ARTICLE II - Address: The mailing address and street add	lress of the principal offi	ce of the Limited I	Liability Company is:					
Principal	Office Address:		Mailing Address:					
162 Warburton Avenu			Varburton Avenue					
Hastings-On-Hudson,	NY 10706	Hastır	ngs-On-Hudson, NY 10706					
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 fame and the Fierral arrest address of the regimeral again are.								
JONATHAN H. GREEN & ASSOCIATES, P.A.								
Name · ·								
901 Ponce de Leon Boulevard, Suite 601								
Florida street address (P.O. Box NOT acceptable)								
	Coral Gables	Florida	33134					

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..

City

State

Registered Agent's Signature (REQUIRED)

Zip

(CONTINUED)

PILED
2023 FEB -6 AM 9: 33
PALLAHASSEE, FLORID