

# L23000121973

Florida Department of State  
Division of Corporations  
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### FLORIDA LIMITED LIABILITY CO. ESBA MANAGEMENT, LLC

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

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is:

ESKAYAN AGUMENT LLC

(Must end with the words "Limited Liability Company" 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:

19 GALE DRIVE  
VALLEY STREAM, NY 11581

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VALLEY STREAM, NY 11581

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:

ANATOLI YOSHOVAYEN  
Name

6505 WINFIELD BLVD APT B47  
Florida street address (P.O. Box NOT acceptable)

MARGATE FL 33063  
City State Zip

I, Anatoli Yoshovayen, have 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 602, F.S.

Anatoli Yoshovayen  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV

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

Title:

Name and Address:

MEMBER - Authorized Member

MEMBER - Manager

MEMBER

ANATOLI YOSHOVAYEV

PO BOX 1001

VALLEY STREAM NY 11784

MEMBER

ANATOLI YOSHOVAYEV

PO BOX 1001

VALLEY STREAM NY 11784

(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.

ANATOLI YOSHOVAYEV

Typed or printed name of signer

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