L20000 366180

(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



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2020 DEC -2 AM II: 08

RECTIVITY
2020 DEC-2 PH 12: 36

Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301

850.656.7956 Fax: 850.656.7953 www.incserv.com

e-mail: accounting@incserv.com



ORDER FORM

TO Florida Department of State

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

corphelp@dos.myflorida.com

850-245-6051

FROM Melissa Stops

mstops@incserv.com

850.656.7953

REQUEST DATE 12/2/2020

PRIORITY Routine

OUR REF # (Order ID#) 873623

ORDER ENTITY

E-COMMERCE HOLDINGS FLORIDA LLC

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Please file the attached articles and provide a certified copy.

NOTES:

\$155.00 Authorized

Email address for annual report reminders: jim@weinbergpc.com

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Wednesday, December 2, 2020 Page 1 of 1

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

E-COMMERCE HOLDINGS FLORIDA LLC	
(Must contain the words "Limited Liab	ity 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:
The mailing address and street address of the principal office Principal Office Address:	of the Limited Liability Company is: Mailing Address:

City

The name and the Florida street address of the registered agent are:

another business entity with an active Florida registration.)

RYAN BLAIRE Name 4708 ARTESA WAY EAST Florida street address (P.O. Box NOT acceptable) Palm Beach Gardens FLORIDA 33418

Zip

State

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)

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	RYAN BLAIRE 4708 ARTESA WAY EAST
	PALM BEACH GARDENS, FL 33418
	ARTHUR DI AIRE
AMBR	ARTHUR BLAIRE LONGWOOD CROSSINGS
	LAWRENCE, NY 11559
effective date is listed, the date mute of filing.) If the date inserted in this block d	n the date of filing: (OPTIONAL) ust be specific and cannot be more than five business days prior to or 90 days does not meet the applicable statutory filing requirements, this date will not be lipartment of State's records.
coment's effective date on the Der	
CLE VI: Other provisions, if any.	
ocument's effective date on the Dep	Lavene a Kisch
CLE VI: Other provisions, if any. REQUIRED SIGNATURE:	Lawrence a Kinsch re of a member or an authorized representative of a member.

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)