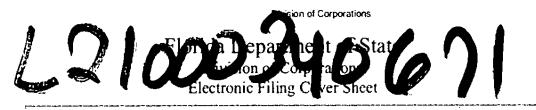
7/27/2021



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(((H21000285802 3)))



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: (850)617-6381

From:

Account Name : HUBCO

Account Number : 104662003400 Phone : (516)935-3940

Fax Number

: (516)935-3088

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

JOE@SCMCPAS.COM Email Address:

FLORIDA LIMITED LIABILITY CO. 10930 ENDEAVOUR WAY LLC

JUL 2 8 2021

T. SCOTT

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H21000285802

10930 ENDEAVOUR WAY LLC		
(Must end with the word:	"Limited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the p	rincipal office of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
10930 ENDEAVOUR WAY STE E	10930 ENDEAVOUR WAY STE I	
ARTICLE III - Registered Agent, Registere		
another business entity with an active Florida	1 Office, & Registered Agent's Signature: as its own Registered Agent. You must designate an indiregistration.)	
ARTICLE III - Registered Agent, Registere (The Limited Liability Company cannot serve another business entity with an active Florida The name and the Florida street address of the	1 Office, & Registered Agent's Signature: as its own Registered Agent. You must designate an indiregistration.) registered agent are:	
ARTICLE III - Registered Agent, Registere (The Limited Liability Company cannot serve another business entity with an active Florida	1 Office, & Registered Agent's Signature: as its own Registered Agent. You must designate an indiregistration.) registered agent are:	
ARTICLE III - Registered Agent, Registere (The Limited Liability Company cannot serve another business entity with an active Florida The name and the Florida street address of the MATTHEW CHIA	d Office, & Registered Agent's Signature: us its own Registered Agent. You must designate an indiversitation.) registered agent are: RAVALLO	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve another business entity with an active Florida The name and the Florida street address of the MATTHEW CHIMATTHEW CHIMATTHE	d Office, & Registered Agent's Signature: as its own Registered Agent. You must designate an indivergistration.) registered agent are: RAVALLO Name	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve another business entity with an active Florida The name and the Florida street address of the MATTHEW CHIMATTHEW CHIMATTHE	d Office, & Registered Agent's Signature: as its own Registered Agent. You must designate an indiversistration.) registered agent are: RAVALLO Name	

any 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)

MATTHEW CHIARAVALLO

(CONTINUED)

Page 1 of 2

H21000285802

Tit le:	Name and Address:
'AMBR" = Authorized Member	
'MGR" = Manager AMBR	MATTHEW CHIARAVALLO
AWDK	10930 ENDEAVOUR WAY STE E
	SEMINOLE, FL 33777
AMBR	MICHAEL MAKRILOS
	10930 ENDEAVOUR WAY STEE
	SEMINOLE, FL 33777
	- · · · · · · · · · · · · · · · · · · ·
•	ate of filing (OPTIONAL)
E V: Effective date, if other than the deceive date is listed, the date must be of filing.)	ate of filing:
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E V: Effective date, if other than the decrive date is listed, the date must be f filing.) E VI: Other provisions, if any.	
E V: Effective date, if other than the dective date is listed, the date must be filling.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a (In accordance with section constitutes an affirmation I am aware that any falso	
E V: Effective date, if other than the dective date is listed, the date must be filling.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a (In accordance with section constitutes an affirmation I am aware that any falso	member or an authorized representative of a member. on 605.0203 (1) (b), Florida Statutes, the execution of this documen under the penalties of perjury that the facts stated herein are true.