

L22000218457

Division of Corporations
Florida Department of State
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To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : ALLSTATE CORPORATE SERVICES CORP
Account Number : I20040000031
Phone : (800)906-9220
Fax Number : (800)906-9880

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

Email Address: _____

FLORIDA LIMITED LIABILITY CO. SNOWHAWKS LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

RECEIVED
2022 MAY 20 AM 7:43
CORPORATIONS
COMMERCIAL
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2022 MAY 20 PM 2:00
MAY 20 2022
FL

80

(((H220001792203)))

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SNOWHAWKS 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:

16206 LAKEHEAD CT
TAMPA, FL 33618

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TAMPA, FL 33618

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:

TONI BALDANI

Name

16206 LAKEHEAD CT

Florida street address (P.O. Box NOT acceptable)

<u>TAMPA</u>	<u>FL</u>	<u>33618</u>
City	State	Zip

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.

Toni Baldani

Registered Agent's Signature (REQUIRED)

2022 MAY 20 PM 2:00

(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:

AMBR

MOHAMMED ATTAL
313 82ND ST
BROOKLYN, NY 11209

AMBR

TONY BALANDI
431 83RD ST
BROOKLYN, NY 11209

(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:

Mohammed Attal

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.

MOHAMMED ATTAL

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)

MAY 20 2022 PM 2:00