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Division of Corporations

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Fax Number : (850)617-6381

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Account Number : 104662003400  
Phone : (516)935-3940  
Fax Number : (516)935-3088

**\*\*\* RESUBMIT \*\*\***

**\*\*Enter the email address for this business entity to be used for future  
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Email Address: EWOKEE111@AOL.COM

FLORIDA LIMITED LIABILITY CO.  
Ewok27 LLC

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

2022 DEC 12 PM 2:45

22 DEC 12 PM 12:35

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December 9, 2022

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

HUBCO

SUBJECT: EWOK27 LLC  
REF: W22000151936

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Pursuant to section 605.0207, F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on . Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Genesis R Kersey  
OPS Clerk

FAX Aud. #: H22000413956  
Letter Number: 122A00027430

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - Name:**

The name of the Limited Liability Company is:

Ewok27 LLC

(Must end with 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:**345 Ocean Drive, Apt 801  
Miami Beach, FL 33139**Mailing Address:**345 Ocean Drive, Apt 801  
Miami Beach, FL 33139**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:

Lillian Greco

Name

350 Collins Avenue, Apt 104Florida street address (P.O. Box **NOT** acceptable)Miami Beach FL 33139

City

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..*

DocuSigned by:

Lillian Greco

CE0266710133464

Registered Agent's Signature (REQUIRED)

Lillian Greco

(CONTINUED)

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**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBR**Name and Address:**Lillian Greco350 Collins Avenue, Apt 104Miami Beach, FL 33139AMBRPaul Greco350 Collins Avenue, Apt 104Miami Beach, FL 33139

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: December 7, 2022 (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.)

ARTICLE VI: Other provisions, if any.

**REQUIRED SIGNATURE:**

DocuSigned by:

Lillian Greco

CE3866710353464

**Signature of a member or an authorized representative of a member.**

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

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.)

Lillian Greco

Typed or printed name of signee

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