LA1000248085

| (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

Sc 5/21/21



900364769289

05/04/21--01042--011 **160.00

10 mm / 25 mm / 25

21 MAY -4 PH 2: 24

COVER LETTER

| | ew Filing Se Pivision of Co | | | |
|---------------|--------------------------------|--|---|---|
| SUBJECT | | irbnb LLC | | |
| SUBJECT | | Name of Lin | nited Liability Company | |
| The enclos | sed Articles of | Organization and fee(s) are | submitted for filing. | |
| Please retu | ırn all corresp | ondence concerning this ma | itter to the following: | |
| | Chelsey Dix | son | | |
| | - | | Name of Person | |
| | ELzzz's Air | bnb LLC | | |
| | | | Firm/Company | 2021 |
| | 325 Phipper | Waiters Road | | 1021 MAY - 4 FM |
| | | - | Address | |
| | Dania Beacl | n, FL 33004 | | |
| | cdixon0602@ | | ity/State and Zip Code | |
| | | | for future annual report notificat | ion) |
| For further i | nformation co | ncerning this matter, please | call: | |
| | Chelsey Dixe | at (| 154) 319 76 | 79 |
| | Nam | le of Person Ar | rea Code Daytime Telephon | le Number |
| Enclosed is | s a check for t | he following amount: | | , |
| □\$125.00 | Filing Fee | □\$130.00 Filing Fee & Certificate of Status | ☐\$155.00 Filing Fee & Certified Copy (additional copy is enclosed) | ©\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| | | ng Address iling Section | Street Address New Filing Section D | ivision |

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: | | | | | |
|--|--|---------------------|--|--|--|
| The name of the Limited Liability | Company is: | | | | |
| ELzzz's Airbnb LLC | | | | | |
| (Must conat | in the words "Limited | Liability Compan | y, "L.L.C.," or "LLC.") | | |
| ARTICLE II - Address: The mailing address and street ad | dress of the principal | office of the Limit | ed Liability Company is: | | |
| The fixed gardens and saver ad | aress of the principal (| office of the Limit | the islanding company is. | | |
| <u>Principa</u> | l Office Address: | | Mailing Address: | | |
| 325 Phippen Waiters | Road | 32 | 5 Phippen Waiters Road | | |
| Dania Beach, FL 330 | 04 | <u>D</u> a | ania Beach, FL 33004 | | |
| ARTICLE III - Registered Age (The Limited Liability Company another business entity with an ad | cannot serve as its own | Registered Agen | ent's Signature: t. You must designate an individual or | | |
| The name and the Florida street a | ddress of the registere | d agent are: | | | |
| | Chelsey Dixon | | | | |
| | | Name | | | |
| | 325 Phippen Waiters Road Florida street address (P.O. Box NOT acceptable) | | | | |
| | Dania Beach | FL | 33004 | | |
| | 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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

2021 MAY -4 PM 2: 21

ARTICLE IV-

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

| <u>l'itle:</u> 'AMBB" — Au | thorized Member | | |
|--|--|--|---|
| MGR" = Man | | | |
| AMBR | -8** | Chelsev Dixon | |
| MMBK | | 325 Phippen Waiters Road | |
| | | Dania Beach, FL 33004 | |
| | | - | |
| | | | |
| _ | | | |
| | | | |
| | | | |
| | | | |
| | _ | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | _ |
| | | | |
| | | | |
| ctive date is li: [filing.) | date, if other than the steed, the date must be | date of filing: (OPTION be specific and cannot be more than five business days prio | r to or 90 |
| CV: Effective ctive date is list filing.) The date inserted | date, if other than the steed, the date must be d in this block does r | date of filing: | r to or 90 |
| CV: Effective ctive date is list filing.) the date insertement's effective | date, if other than the steed, the date must be d in this block does r | e specific and cannot be more than five business days prion not meet the applicable statutory filing requirements, this day | r to or 90 |
| CV: Effective ctive date is list filing.) the date insertement's effective | date, if other than the cited, the date must be d in this block does redate on the Departm | e specific and cannot be more than five business days prion not meet the applicable statutory filing requirements, this day | r to or 90 |
| CV: Effective ctive date is list filing.) the date insertement's effective | date, if other than the cited, the date must be d in this block does redate on the Departm | e specific and cannot be more than five business days prion not meet the applicable statutory filing requirements, this day | r to or 90 |
| V: Effective ctive date is listing.) he date insertement's effective c.VI: Other pro | date, if other than the cited, the date must be d in this block does redate on the Departm | e specific and cannot be more than five business days prion not meet the applicable statutory filing requirements, this day | r to or 90 |
| CV: Effective ettive date is list filing.) he date insertement's effective CVI: Other pro | date, if other than the sted, the date must be d in this block does redate on the Departm visions, if any. | not meet the applicable statutory filing requirements, this date ment of State's records. | r to or 90 |
| CV: Effective ettive date is list filing.) he date insertement's effective CVI: Other pro | date, if other than the sted, the date must be d in this block does redate on the Departm visions, if any. IGNATURE: | not meet the applicable statutory filing requirements, this dannent of State's records. The state of the statutory filing requirements are the state of the stat | r to or 90 |
| CV: Effective ettive date is list filing.) he date insertement's effective CVI: Other pro | date, if other than the sted, the date must be d in this block does redate on the Departm visions, if any. IGNATURE: Signature of a This document is ex | not meet the applicable statutory filing requirements, this dannent of State's records. A member or an authorized representative of a member. Recuted in accordance with section 605.0203 (1) (b), Florida | r to or 90 te will not |
| CV: Effective ettive date is list filing.) he date insertement's effective CVI: Other pro | date, if other than the sted, the date must be d in this block does redate on the Departm visions, if any. IGNATURE: Signature of a This document is ex 1 am aware that any | not meet the applicable statutory filing requirements, this dannent of State's records. The state of the statutory filing requirements are the state of the stat | r to or 90 te will not |
| V: Effective ctive date is listing.) he date insertement's effective c.VI: Other pro | date, if other than the sted, the date must be d in this block does redate on the Departm visions, if any. IGNATURE: Signature of a This document is ex 1 am aware that any | a member or an authorized representative of a member. secuted in accordance with section 605.0203 (1) (b), Florida false information submitted in a document to the Department egree felony as provided for in s.817.155, F.S. | r to or 90 te will not |
| V: Effective ctive date is listing.) he date insertement's effective c.VI: Other pro | date, if other than the sted, the date must be d in this block does redate on the Departm visions, if any. IGNATURE: Signature of a This document is ex 1 am aware that any constitutes a third decrease in the steel of the ste | not meet the applicable statutory filing requirements, this data ment of State's records. a member or an authorized representative of a member. Recuted in accordance with section 605.0203 (1) (b), Florida false information submitted in a document to the Department egree felony as provided for in s.817.155, F.S. | r to or 90 te will not |
| V: Effective ctive date is listing.) he date insertement's effective c.VI: Other pro | date, if other than the sted, the date must be d in this block does redate on the Departm visions, if any. IGNATURE: Signature of a This document is ex 1 am aware that any constitutes a third decrease in the steel of the ste | not meet the applicable statutory filing requirements, this data ment of State's records. a member or an authorized representative of a member. Recuted in accordance with section 605.0203 (1) (b), Florida false information submitted in a document to the Department egree felony as provided for in s.817.155, F.S. Typed or printed name of signce | r to or 90 te will not |
| EV: Effective ctive date is list filing.) the date inserted the control of the co | date, if other than the sted, the date must be d in this block does redate on the Departm visions, if any. IGNATURE: Signature of a This document is extra aware that any constitutes a third december of the december of th | a member or an authorized representative of a member. secuted in accordance with section 605.0203 (1) (b), Florida false information submitted in a document to the Department egree felony as provided for in s.817.155, F.S. Typed or printed name of signee Filing Fees: | r to or 90 te will not Statutes. t of State |
| CV: Effective ctive date is list filing.) the date inserted the control of the co | date, if other than the sted, the date must be d in this block does redate on the Departm visions, if any. IGNATURE: Signature of a This document is ex I am aware that any constitutes a third december of the constitutes | a member or an authorized representative of a member. secuted in accordance with section 605.0203 (1) (b), Florida false information submitted in a document to the Department egree felony as provided for in s.817.155, F.S. Typed or printed name of signee Filing Fees: Torganization and Designation of Registered Agent | r to or 90 te will not Statutes. t of State |
| V: Effective etive date is listing.) the date inserte ent's effective. VI: Other pro- EEOUIRED S \$125.00 Filin \$ 30.00 Cert | date, if other than the sted, the date must be d in this block does redate on the Departm visions, if any. IGNATURE: Signature of a This document is extra aware that any constitutes a third december of the december of th | not meet the applicable statutory filing requirements, this data ment of State's records. a member or an authorized representative of a member. recuted in accordance with section 605.0203 (1) (b), Florida false information submitted in a document to the Department egree felony as provided for in s.817.155, F.S. Typed or printed name of signce Filing Fees: Torganization and Designation of Registered Agential) | r to or 90 te will not |

as