

Division of Corporations

L22000033786

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:
Division of Corporations
Fax Number : (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.****

MENDOZA.DENISE@GMAIL.COM

Email Address: _____

22 JAN 31 PM 10:46
SECRETARY OF STATE
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RECEIVED
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**FLORIDA LIMITED LIABILITY CO.
4143 NW 90TH AVE LLC**

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

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FEB 01 2022

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

22 JAN 31 PM 10:46

ARTICLE I - Name:

The name of the Limited Liability Company is:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4143 NW 90TH AVE 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:

Mailing Address:

4143 NW 90TH AVE APT 207
CORAL SPRINGS, FL 33065

4143 NW 90TH AVE APT 207
CORAL SPRINGS, FL 33065

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:

DENISE MENDOZA
Name

4143 NW 90TH AVE APT 207
Florida street address (P.O. Box **NOT** acceptable)

CORAL SPRINGS FL 33065
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..



Registered Agent's Signature (REQUIRED)
DENISE MENDOZA

(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:

DENISE MENDOZA

4143 NW 90TH AVE APT 207

CORAL SPRINGS, FL 33065

(Use attachment if necessary)

SECRETARY OF STATE
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22 JAN 31 PM 10:46

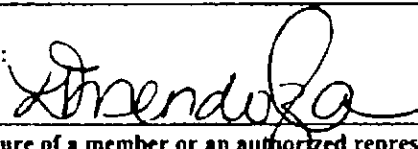
FILED

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.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



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.)

DENISE MENDOZA

Typed or printed name of signee