Division of Corporations Public Access System

# Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H07000130443 3)))



H070001304433ABCW

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this. page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 205-0383

From:

Account Name : EXECUTIVE CORPORATE FILING, INC.

Account Number : FCA000000028 Phone : (305)670-3110

Fax Number : (305)670-2055

# ORIDA/FOREIGN LIMITED LIABILITY CÕF

# **BUBBLEBIZ LLC**

Certificate of Status	0
Certified Copy	. 1
Page Count	03
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

Help

https://efilc.sunbiz.org/scripts/efilcovr.exe

THE STATE OF SAMES !

A SERVED APPLY APPLY

(((H07000130443)))

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### **ARTICLE I - Name:**

The name of the Limited Liability Company is:

#### **BUBBLEBIZ LLC**

(Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L,C,.")

## ARTICLE II - Address: 1847 - h. . . a tight 1945 of the growth property

The mailing address and street address of the principal office of the Limited Liability Company is:

#### Principal Office Address:

+ : - 12324 SW 251 TERRACE | See | See | 12324 SW 251 TERRACE

the second second

HOMESTEAD, FL 33032 HOMESTEAD, FL 33032

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another and a serve as its own Registered Agent. business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

**ANTHONY OCASIO** 

12324 SW 251 TERRACE

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

**HOMESTEAD** 

City, State, and 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 608, F.S.,

(CONTINUED) Page 1 of 2

# (((H07000130443)))

### ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

	<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	
	MGRM	ANTHONY OCASIO	
		12324 SW 251 TERRACE	
		HOMESTEAD, FL 33032	
.*	•	, n - 5	
	The state of the s	The second second	<del></del>
د ده خواه د از موسول		A STATE OF THE STA	<u> </u>
State of the state	<u> </u>	en et en	
		en e	
	and the second s		the state of the s
Pagas Beede Pigas (s. 8). Solution and the Succession		Proposition of the Section of the Se	
(If an e	TLE V: Effective date, if other than the date iffective date is listed, the date must be specified after the date of filing.)	e of filing: (Cecific and cannot be more than five but	OPTIONAL) siness days prior
	REQUIRED SIGNATURE:		
	A	throng Ocean	2001 TAL
	Signature of a member or	an authorized representative of a member.	
ı	(In accordance with section of this document constitutes that the facts stated hereit	608.408(3), Florida Statutes, the execution s an affirmation under the penalties of perjury are true.)	PARY I
	ANTHONY OCASIO		The party
		or printed name of signee	25.5 &
	Filing Fees:		52 RIDA

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

- \$ 5.00 Certificate of Status (Optional)