

Division of Corporations

Page 1 of 2

L11000008511

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.

(((H110000170413)))



H110000170413ABCP

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) 617-6383

From:

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

FILED
 11 JAN 20 PM 8:49
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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

Email Address: camillawhite@sky.com

RECEIVED

11 JAN 20 PM 4:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA LIMITED LIABILITY CO. CAMILLA, LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

D. BRUCE

JAN 21 2011

EXAMINER

H11000017041

ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is: **CAMILLA, 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:

502 Finch Court

502 Finch Court

Kissimmee, FL 34759

Kissimmee, FL 34759

ARTICLE III - Registered Agent, Registered Office & Registered Agent's Signature

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

Mithleshwarie Moti

Name

839 Marquis Court

(P.O. Box or Mail Drop Box **NOT** Acceptable)

Kissimmee, FL 34759

(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 608, F.S.


Registered Agent's Signature - Mithleshwarie Moti

FILED
11 JAN 20 AM 8:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H11000017041

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

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

Title:

Name and Address:

"MGR" = Manager

"MGRM" = Managing Member

MGRM

Camilla White - 1 Windsor Avenue, Sutton, Surrey, United Kingdom SM3 9RR

(Use attachment if necessary)

REQUIRED SIGNATURE:

Camilla White

Signature of a member or authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Camilla White

Typed or printed name of signer

FILED
11 JAN 20 AM 8:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA