

8/14/13

**L13000115025**

Florida Department of State  
Division of Corporations  
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## To:

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Account Name : HUBCO  
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Phone : (516) 935-3940  
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\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: blaisannie@hotmail.com

## FLORIDA LIMITED LIABILITY CO.

## Floribek LLC

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

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ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is: **Floribek 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:

3532 Gulf Coast Drive

3532 Gulf Coast Drive

Hernando Beach, FL 34607

Hernando Beach, FL 34607

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

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

Annie Blais

Name

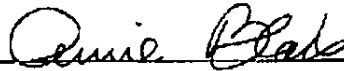
3532 Gulf Coast Beach

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

Hernando Beach, FL 34607

(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 - Annie Blais

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

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

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

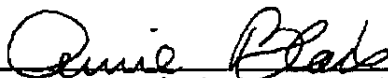
**Name and Address:**

MGRM

Annie Blais - 3532 Gulf Coast Drive, Hernando Beach, FL 34607

(Use attachment if necessary)

**REQUIRED SIGNATURE:**



\_\_\_\_\_  
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. )

Annie Blais

\_\_\_\_\_  
Typed or printed name of signer