

6/25/2018

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REGISTRATION
COMMERCIAL
SERVICES

**FLORIDA LIMITED LIABILITY CO.
CAVIAR WELLNESS LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

6/28/18
L. Simmons

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CAVIAR WELLNESS 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:

16699 COLLINS AVE. #2506
SUNNY ISLES BEACH, FL 33160

16699 COLLINS AVE. #2506
SUNNY ISLES BEACH, FL 33160

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:

ANNA SHOYKHET

Name

16699 COLLINS AVE. #2506

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

<u>SUNNY ISLES BEACH</u>	<u>FL</u>	<u>33160</u>
City	State	Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity and further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties as registered agent and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.



Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member
"MGR" = Manager
MGRM

Name and Address:

ANNA SHOYKHET
16699 COLLINS AVE #2506
SUNNY ISLES BEACH, FL 33160

MGRM

DANIEL SHOYKHET
16699 COLLINS AVE #2506
SUNNY ISLES BEACH, FL 33160

MGRM

GABRIELLE SHOYKHET
16699 COLLINS AVE #2506
SUNNY ISLES BEACH, FL 33160

(Use attachment if necessary)

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 the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date
the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE



Signature of a member or an authorized representative of a member.
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
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.

ANNA SHOYKHET

Typed or printed name of signee