

L18000204610

Florida Department of State
Division of Corporations
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.

((H18000250707 3)))



H180002507073ABC/

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)617-6381

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.****

charlesm@cpamassie.com

Email Address: _____

FLORIDA LIMITED LIABILITY CO.

Halina Caravello Consulting, LLC

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

H18000250707 3

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is: Halina Caravello Consulting, LLC

ARTICLE II - Address

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

6081 Silver King Blvd., Suite 205
Cape Coral, FL 33914

ARTICLE III -

Registered Agent, Registered Office & Registered Agents Signature

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

Charles Abels Mannie
Name

15671 San Carlos Blvd., Suite 201
(P.O. Box or Mail Drop Box NOT acceptable)

Fort Myers, FL 33908
(City/State/Zip)

Having been named as registered agent and to accept service of process for the above stated limited liability company as 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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATE FORMS
18 AUG 27 PM 5:51

H18000250707 3

ARTICLE IV -

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

Title:
"AMBR" = Authorized Member
"MGR" = Manager
"MGMR" = Managing Member

Name and Address:

MGMR

Name: Halina Caravello
Road: 6081 Silver King Blvd, Suite 205
City: Cape Coral, FL 33914

ARTICLE V -

Effective date, if other than the date of filing: _____
(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.)

REQUIRED SIGNATURE:



Signature of a member or 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.)

Halina Caravello

Typed or printed name of signer