Division of Corporations **Electronic Filing Cover Sheet** 

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : FL PATEL LAW PLEC

Account Number : I20170000097 Phone : (727)279-5037

Fax Number : (727)888-1294

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

Email Addr	ess:	hustlevesttv@gmail.com

# FLORIDA LIMITED LIABILITY CO. HustleVestTV LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
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# **COVER LETTER**

February 11, 2019

To: New Filing Section
Division of Corporation

Subject: <u>Hustle Vest TV LLC</u>
Name of Limited Liability Company

The enclosed Articles of Organization and Fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following:

Kalpesh J. Patel, Esq. FL Patel Law PLLC 360 Central Avenue 8<sup>th</sup> Floor St. Petersburg, Florida 33701 Fax: 727-888-1294

For further information concerning this matter, please call or e-mail:

Kalpesh Patel at 727-279-5037 or e-mail at contact@flpatellaw.com

Enclosed is our fax filing coversheet for \$130.00 for Filing Fee & Certificate of Status

FL Patel Law PLLC

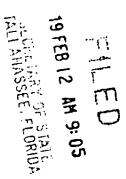
Articles Of Organization

For

HustleVestTV LLC

A

Florida Limited Liability Company



#### ARTICLE I

#### Name

The name of the Limited Liability Company is: HustleVestTV LLC (the Company).

#### **ARTICLE II**

#### Address

The mailing address and street address of the principal office of the Company is 11800 North Florida Avenue #17874, Tampa, Florida 33612.

#### ARTICLE III

### Registered Agent, Registered office, & Registered Agent's Signature:

The name and the Florida Street Address of the Registered Agent are:

Terence Daniely
11800 North Florida Avenue #17874
Tampa, Florida 33612

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 605, F.S..



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## ARTICLE IV:

The Name and Address of each person authorized to manage and control the Limited Liability Company:

<u>Title</u>	Name and Address
AMBR = Authorized Member MGR = Manager	
AMBR	Terence Daniely 11800 North Florida Avenue #17874 Tampa, Florida 33612

## ARTICLE IV:

The Effective date shall be the date of filing.	A E	19	
(sign)	CALL	833	¥
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.	ASSE	12	, mar.
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.			
Terence Daniely	ORID	9: 05	
Authorized Representative/Member			