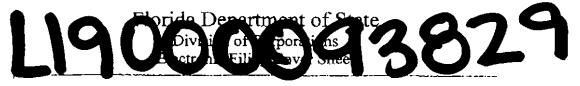
Division of Corporations

Page 1 of 2



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.

(((H19000115740 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

**∵**o∵

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : STEPHEN S. MATHISON, P.A.

Account Number : I20040000071 Phone : (561)624-2001 Fax Number : (561)624-0036

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

Email Address; Vamaya@mathisonwhittles.com

FLORIDA LIMITED LIABILITY CO. THESULTANS.COM, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

Electronic Filing Menu Corporate Filing Menu

Help

P. 002 Fax Server

4/9/2019 11:59:57 AM PAGE 1/001

April 9, 2019

FLORIDA DEPARTMENT OF STATE Division of Corporations

STEPHEN S MATHISON, P.A.

SUBJECT: THESULTANS.COM, LLC

REF: W19000035711

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

If we have had no written response within 60 days of this letter, we will consider your document abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

New Filing Section.

FAX Aud. #: H19000115740 Letter Number: 919A00007083

P.O BOX 6327 - Tallahassee, Florida 32314

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability	y Company is:		
THESULTANS.COM	1, LLC		_
(Must conta	in the words "Limited Lia	bility Com	pany, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street ad	Idress of the principal offic	ce of the Li	mited Liability Company is:
Principa	al Office Address:		Mailing Address:
95 Montercy Pointe I	Or.		95 Monterey Pointe Dr.
Palm Beach Gardens,	FL 33418	<u>_</u>	Palm Beach Gardens, FL 33418
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a The name and the Florida street a	cannot serve as its own Rective Florida registration.)	egistered A	l Agent's Signature: gent. You must designate an individual or
. No hand the Provide (40 and 1			
	MATHISON WHITTLE		
	1	lame	
	5606 PGA Blvd., Suite	211	
	Florida street address (I	P.O. Box N	OT acceptable)
	Palm Beach Gardens	FL	33418
	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 a provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

19 AFR -9 PH 4: 05

Title:	Name and Address:
"AMBR" = Authorized Member	<del></del>
"MGR" - Manager	
MGR	Gerald Bennett
	95 Monterey Pointe Dr.
	Palm Beach Gardens, FL 33418
<del></del>	·
	· · · · · · · · · · · · · · · · · · ·
	·
	• • • • • • • • • • • • • • • • • • • •
ective date is listed, the date must bo of filing.)	date of filing:
EV: Effective date, if other than the ective date is listed, the date must be of filing.)	e specific and cannot be more than five business days prior to or 90 not meet the applicable statutory filing requirements, this date will not ent of State's records.
EV: Effective date, if other than the ective date is listed, the date must be of filing.)  'the date inserted in this block does ment's effective date on the Department's	e specific and cannot be more than five business days prior to or 90 not meet the applicable statusory filing requirements, this date will no
EV: Effective date, if other than the ective date is listed, the date must be of filling.)  'the date inserted in this block does a ment's effective date on the Departm.  EVI: Other provisions, if any.  REOUIRED SIGNATURE:	e specific and cannot be more than five business days prior to or 90 not meet the applicable standary filing requirements, this date will not ent of State's records.
EV: Effective date, if other than the ective date is listed, the date must be of filing.)  'the date inserted in this block does a ment's effective date on the Department's effective date on	e specific and cannot be more than five business days prior to or 90 not meet the applicable statutory filing requirements, this date will not ent of State's records.
EV: Effective date, if other than the ective date is listed, the date must be of filing.)  'the date inserted in this block does a ment's effective date on the Department's effective date on	a member or an authorized representative of a member.  ecuted in accordance with section 605.0203 (1) (b), Florida Statutes, false information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.S.
EV: Effective date, if other than the ective date is listed, the date must be of filing.)  'the date inserted in this block does a ment's effective date on the Department's effective date on	a member or an authorized representative of a member. ecuted in accordance with section 605.0203 (1) (b), Florida Statutes. false information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.S.
EV: Effective date, if other than the ective date is listed, the date must be of filing.)  'the date inserted in this block does a ment's effective date on the Department's effective date on	a member or an authorized representative of a member.  ecuted in accordance with section 605.0203 (1) (b), Florida Statutes, false information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.S.
EV: Effective date, if other than the ective date is listed, the date must be of filing.)  'the date inserted in this block does a ment's effective date on the Department's effective date on	a member or an authorized representative of a member.  Genteet information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.S.  Typed or printed name of signee
EV: Effective date, if other than the ective date is listed, the date must be of filling.)  'the date inserted in this block does a ment's effective date on the Department's effective date of	a member or an authorized representative of a member. ecuted in accordance with section 605.0203 (1) (b), Florida Statutes. false information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.S.