

7/19/2019

**CR000177670**

Florida Department of State  
Division of Corporations  
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**To:**

Division of Corporations  
Fax Number : (850)617-6381

**From:**

Account Name : HOMSI LAW, P.A.  
Account Number : I20190000004  
Phone : (407)377-5507  
Fax Number : (407)377-5967

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

Email Address: William@Homsilaw.com

**FLORIDA LIMITED LIABILITY CO.  
BROKEN SPOON, LLC**

Certificate of Status	0
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J. FASON

JUL 22 2019

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SECRETARY OF STATE  
TALLAHASSEE, FL

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**ARTICLES OF ORGANIZATION  
FOR  
BROKEN SPOON, LLC**

**ARTICLE I**

The name of the Limited Liability Company is:

BROKEN SPOON, LLC

**ARTICLE II**

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

342 HANGING MOSS CIRCLE  
LAKE MARY, FLORIDA 32746

The mailing address of the Limited Liability Company is:

342 HANGING MOSS CIRCLE  
LAKE MARY, FLORIDA 32746

**ARTICLE III**

The purpose for which this Limited Liability Company is organized is:

ANY AND ALL LAWFUL BUSINESS PURPOSE.

**ARTICLE IV**

The Articles of Organization shall be effective immediately when filed with the Secretary of State of Florida.

SECRETARY OF STATE  
TALLAHASSEE, FL

2019 JUL 19 AM 9:01

**FILED**

**H**  
HOMSI LAW, P.A.

Mailing Address  
8815 Conroy-Windermere Road, #402  
Orlando, Florida 32835  
(407) 377-5507  
[www.HomsiLaw.com](http://www.HomsiLaw.com)

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## ARTICLE V

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

HOMSI LAW, P.A.  
8815 CONROY-WINDERMERE ROAD  
#402  
ORLANDO, FLORIDA 32835

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.

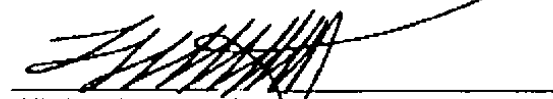
Signature of Registered Agent:

  
William M. Homsy, President

The name and address of persons(s) authorized to manage the LLC:

Operating Manager:	Detdara Hatsady
Secretary:	Detdara Hatsady

Signature of an Authorized Representative:

  
William M. Homsy, Esq.

I am an authorized representative of the members submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1<sup>st</sup> and May 1<sup>st</sup> in the calendar year following formation of the LLC and every year thereafter to maintain active status.

**H**  
HOMSI LAW, P.A.

Mailing Address  
8815 Conroy-Windermere Road, #402  
Orlando, Florida 32835  
(407) 377-5507  
www.HomsyLaw.com

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