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.

(((H19000253136 3)))



H190002531363ABC/

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 : CAPITOL SERVICES, INC.

Account Number : 120160000017 Phone : (855)498-5500 Fax Number : (800)432-3622

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

Email Address:

- MPLE

FLORIDA LIMITED LIABILITY CO. SET BREAK LLC

AUG 23 2019

Certificate of Status Certified Copy 1 Page Count 04 Estimated Charge \$155.00 3

Electronic Filing Menu Corporate Filing Menu

Help

COVER LETTER

	New Filing Section Division of Corporations		
	SET BREAK LLC		
SUBJEC	Name of	Limited Liabilit	ту Сотралу
The encl	osed Articles of Organization and fee(s) are submitted	for filing.
Please re	turn all correspondence concerning this	matter to the fo	ollowing:
	David F. O'Meara, Paralegal		
		Name of	Person
	Robinson & Cole LLP		
		Firm/Co	mpany
	280 Trumbuli Street		
		Addre	css
	Hartford, CT 06103		
	andregardner90@gmail.com	City/State an	d Zip Code
	E-mail address: (to be	used for future a	nnual report notification)
For furth	er information concerning this matter, p	lease call:	
	David F. O'Meara	860 t (541-2722
	Name of Person		Daytime Telephone Number
Enclose	ed is a check for the following amount:		
	0 Filing Fee \$130.00 Filing Fee Certificate of Statu	s LCertifi	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassec, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

SET BREAK LL			
(Must cont	ain the words "Limited L	iability Company,	"L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street a	ddress of the principal off	ice of the Limited	Liability Company is:
Princip	al Office Address:		Mailing Address:
609 E DILIDO DR		609	E DILIDO DR
MIAMI BEACH, FL	. 33139	ML	MI BEACH, FL 33139
ARTICLE III - Registered Ag	ent, Registered Office, &	Registered Agent.	nt's Signature: You must designate an individual o
ARTICLE III - Registered Age The Limited Liability Company another business entity with an a	cannot serve as its own factive Florida registration address of the registered	Registered Agent.	nt's Signature: You must designate an individual o
The Limited Liability Company another business entity with an a	cannot serve as its own factive Florida registration	Registered Agent. .) agent are:	nt's Signature: You must designate an individual o
The Limited Liability Company another business entity with an a	cannot serve as its own factive Florida registration address of the registered	Registered Agent.	nt's Signature: You must designate an individual c
The Limited Liability Company another business entity with an a	cannot serve as its own factive Florida registration address of the registered and ANDRE GARDNER 609 E DILIDO DR	Registered Agent. agent are: Name	You must designate an individual o
The Limited Liability Company another business entity with an a	cannot serve as its own factive Florida registration address of the registered and ANDRE GARDNER	Registered Agent. agent are: Name	You must designate an individual o
The Limited Liability Company another business entity with an a	cannot serve as its own factive Florida registration address of the registered and ANDRE GARDNER 609 E DILIDO DR	Registered Agent. agent are: Name	You must designate an individual o

Having been named as registered agent und 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.

Registered Agent's Signature (REQUIRED) Andre Gardner

. (CONTINUED)

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
AMBR	ANDRE GARDNER
	609 E DILIDO DR
	MIAMI BEACH, FL 33139
F.V. Effective date, if other than the dat	te of filing: (OPTIONAL)
fective date is listed, the date must be s	meet the applicable statutory filing requirements, this date will not
LE V: Effective date, if other than the date fective date is listed, the date must be sof filing.) If the date inserted in this block does not ment's effective date on the Department. LE VI: Other provisions, if any.	meet the applicable statutory filing requirements, this date will not
LE V: Effective date, if other than the date fective date is listed, the date must be sof filing.) If the date inserted in this block does not ament's effective date on the Department LE VI: Other provisions, if any.	meet the applicable statutory filing requirements, this date will not at of State's records.
LE V: Effective date, if other than the date fective date is listed, the date must be sof filing.) If the date inserted in this block does not ument's effective date on the Department LE VI: Other provisions, if any.	meet the applicable statutory filing requirements, this date will not of State's records.
EV: Effective date, if other than the date fective date is listed, the date must be so of filing.) If the date inserted in this block does not ament's effective date on the Department EVI: Other provisions, if any.	meet the applicable statutory filing requirements, this date will not at of State's records.
EV: Effective date, if other than the datective date is listed, the date must be sof filing.) If the date inserted in this block does not ment's effective date on the Department. EVI: Other provisions, if any.	meet the applicable statutory filing requirements, this date will not at of State's records.
LE V: Effective date, if other than the date fective date is listed, the date must be sof filing.) If the date inserted in this block does not ument's effective date on the Department LE VI: Other provisions, if any. REOUIRED SIGNATURE: X Signature of a in this document is executed any aware that any factors.	meet the applicable statutory filing requirements, this date will not of State's records.
EV: Effective date, if other than the date ective date is listed, the date must be so of filing.) If the date inserted in this block does not ment's effective date on the Department. EVI: Other provisions, if any. REOUIRED SIGNATURE: X Signature of a in this document is executed any aware that any factors.	meet the applicable statutory filing requirements, this date will not at of State's records. member or an authorized representative of a member. Couted in accordance with section 605.0203 (1) (b), Florida Statutes. Itse information submitted in a document to the Department of State ree felony as provided for in s.817.155, F.S.

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)