

CR0000716599
Florida Department of State

Division of Corporations
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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.****

Email Address: KRH@KENHIGGINS CPA.COM

**FLORIDA LIMITED LIABILITY CO.
SC E COMMERCE LLC**

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

SECRETARY OF STATE
TALLAHASSEE, FL

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Corporate Filing Menu
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SEP 04 2019

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

SC E COMMERCE LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:525 ESPANOLA WAY, APT 4
MIAMI BEACH, FL 33139**Mailing Address:**525 ESPANOLA WAY, APT 4
MIAMI BEACH, FL 22139**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

SKYLER CLEMENTE

Name

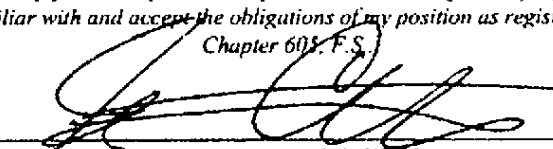
525 ESPANOLA WAY, APT 4Florida street address (P.O. Box NOT acceptable)MIAMI BEACH

City

FL 33139

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 as provided for in

Chapter 605, F.S.
Registered Agent's Signature (REQUIRED)

SKYLER CLEMENTE

(CONTINUED)

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ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

SKYLER CLEMENTE

525 ESPANOLA WAY, APT 4

MIAMI BEACH, FL 33139

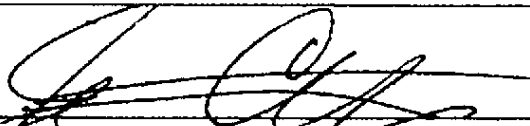
(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an 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.)

SKYLER CLEMENTE

Typed or printed name of signer

Fax

From

To

SC E COMMERCE LLC

Number of pages

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Message

Jo Ann Campise

Hubco Incorporation Services

238 West Jericho Turnpike, Huntington Station, NY
11746

Phone: (516) 813-1187

We service all 50 states. You can access our website
by visiting <http://www.corp-it-now.com/>