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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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19 SEP 10 PM 12:53

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

To:

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

From:

Account Name : LEGALINC CORPORATE SERVICES INC.
Account Number : I20180000011
Phone : (844)386-0178
Fax Number : (214)317-4754

C RICO
SEP 10 2019

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

Email Address: _____

FLORIDA LIMITED LIABILITY CO.
Wholebranding LLC

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

2019 SEP 10 PM 12:27

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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ARTICLE I - Name:

The name of the Limited Liability Company is.

Wholebranding LLC

(Must contain 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:

Mailing Address:

834 Garnet Circle .
Weston, FL, US, 33326

834 Garnet Circle .
Weston, FL, US, 33326

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:

Antonio Lovera

Name

834 Garnet Circle .

Florida street address (P.O. Box **NOT** acceptable)

Weston

FL

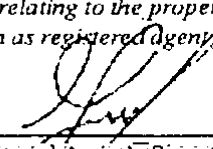
33326

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 as provided for in Chapter 605, F.S..



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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SECRETARY OF STATE
DIVISION OF CORPORATION

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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:

Antonio Lovera

834 Garnet Circle .

Weston, FL, US, 33326

AMBR

Marcela Quintana

834 Garnet Circle .

Weston, FL, US, 33326

(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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



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
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.

Antonio Lovera

Typed or printed name of signer

Filing Fees:

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

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

19 SEP 10 PM 10 03
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

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