Division of Corporations Electronic Filing Cover Sheet

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## FLORIDA LIMITED LIABILITY CO.

7590, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

Help

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SECRETALLY OF STATE TALLAHASSEE, FL

AND CARL N					
ARTICLE I - Name: The name of the Limited Liabi	ility Company is:				
7590, LLC					
(Must co	matin the words "Limited	Liability Company	, "L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street	t address of the principal o	office of the Limite	d Liability Company is:		
Princ	Principal Office Address:		Mailing Address:		
8200 - 113th St, Suite 103		820	8200 - 113th Street, Suite 103		
Seminole, FL 33701		Sen	Seminole, FL 33701		
ARTICLE III - Registered A					
	ry cannot serve as its own nactive Florida registration ective Florida registration of the registered	a Registered Agent. on.)	ent's Signature: You must designate an individ	lual or	
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(The Limited Liability Comparanother husiness entity with a	ry cannot serve as its own nactive Florida registration ective Florida registration of the registered	a Registered Agent. on.)		ual or	
(The Limited Liability Comparanother husiness entity with a	ry cannot serve as its own nactive Florida registration active Florida registration of address of the registeron CPA Partners, LLC 8200 - 113th Street,	a Registered Agent. on.) d agent are:  Name Suite 103	You must designate an individ	iual or	
(The Limited Liability Comparanother husiness entity with a	ry cannot serve as its own nactive Florida registration active Florida registration of the register of the reg	a Registered Agent. on.) d agent are:  Name Suite 103	You must designate an individ	lual or	
(The Limited Liability Comparanother husiness entity with a	ry cannot serve as its own nactive Florida registration active Florida registration of address of the registeron CPA Partners, LLC 8200 - 113th Street,	a Registered Agent. on.) d agent are:  Name Suite 103	You must designate an individ	iual or	

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 Iam 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)

ARTICLE IV-

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

Tille		ne and Address:	
"AMBR" = At "MGR" = Mac	horized Member		
		Holdings, LLC	
AMBR	1209 Oral	nge Street	
	Wilmingto	on DE 19801	
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: date of filing.) ote: If the date inser	ed in this block does not meet the applic e date on the Department of State's reco evisions, if any.	mot be more than five business days pricable statutory filing requirements, this dords.	ate will not be listed as
REQUIRED	RIGNATURE:		
	Signature of a facuster or an	bytherized representative of a member	
	This document is executed in accordi	mee with section 605.0203 (1) (b), Florid submitted in a document to the Department	a Statutes.
	Level Up Holdings, LLC		
		rinted name of signee	
	<b>5</b> 747	- Y	
\$125 ga 122		nd Fees: nd Resignation of Revistaged Agent	

\$ 30,00 Certified Copy (Optional)
\$ 5.60 Certificate of Status (Optional)