

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : FL PATEL LAW PLLC
Account Number : 120170000097
Phone : (727)279-5037
Fax Number : (727)888-1294

SECRETARY OF STATE
ALLAHASSEE, FLORIDA

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

Email Address: Contact@zubrickmagic.com

FLORIDA LIMITED LIABILITY CO.
Zubrick Magic Theatre, LLC

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

100%
TOTAL
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Corporate Filing Menu

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LM
4/14/2020



COVER LETTER

Friday, April 10, 2020

To: New Filing Section
Division of Corporation

Subject:
Zubrick Magic Theatre, LLC
Name of Limited Liability Company

The enclosed Articles of Organization and Fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following:

FL Patel Law PLLC
360 Central Avenue
8th Floor
St. Petersburg, Florida 33701
Fax: 727-888-1294

For further information concerning this matter, please call or e-mail:

Kalpesh Patel at **727-279-5037** or e-mail at **Contact@flpatellaw.com**

Enclosed is our fax filing coversheet for \$130.00 for Filing Fee & Certificate of Status

FL Patel Law PLLC

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**ARTICLES OF ORGANIZATION
FOR
ZUBRICK MAGIC THEATRE, LLC
A
Florida Limited Liability Company**

**ARTICLE I.
Name**

The name of the Limited Liability Company is: Zubrick Magic Theatre, LLC (the Company).

**ARTICLE II.
Address**

The principal office and mailing address of the Company is:

4604 49th Street N
Suite 1058
Saint Petersburg, FL 33709

ARTICLE III.

Registered Agent, Registered office, & Registered Agent's Signature:

The name and the Florida Street Address of the Registered Agent are:

FL Patel Law PLLC
360 Central Avenue
Suite 800
Saint Petersburg, FL 33701

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..

Hilary Zalla

(sign)

FL Patel Law PLLC

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ARTICLE IV.
Authorized Members and Managers

The Name and Address of each person authorized to manage and control the Limited Liability Company:

| <u>Title</u> | <u>Name and Address</u> |
|---|--|
| AMBR = Authorized Member MGR = Manager | |
| <u>MGR</u> | Christopher R. Zubrick 4604 49th Street N Suite 1058 Saint Petersburg, FL 33709 |
| <u>MGR</u> | Ryan W. Zubrick 4604 49th Street N Suite 1058 Saint Petersburg, FL 33709 |

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 TALLAHASSEE, FLORIDA

ARTICLE V.

The Effective date shall be the date of filing.


 _____ (sign)

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.

Christopher R. Zubrick

 Authorized Representative/Member