

Florida Department of State
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.

((H20000129090 3)))



H200001290903ABCX

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 : HUBCO
Account Number : 104662003400
Phone : (516) 935-3940
Fax Number : (516) 935-3068

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

Email Address: gcat33@optonline.net

FLORIDA LIMITED LIABILITY CO.
SHORESIDE SUPPORT LLC

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

2020 MAY -1 PM 3:07

2020 MAY -1 AM 11:03

FILED

DEPARTMENT OF STATE
TALLAHASSEE, FL 32311

ask 4/20/20

H20000129090

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SHORESIDE SUPPORT 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:

Mailing Address:

11111 BISCAYNE BLVD UNIT 1404
NORTH MIAMI BEACH, FL 33181

62 LAKE AVE SOUTH STE F
NESCONSET, NY 11767

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:

THOMAS S BALDWIN III

Name

11111 BISCAYNE BLVD UNIT 1404

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

NORTH MIAMI BEACH FL 33181

City

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)

THOMAS S BALDWIN III

(CONTINUED)

Page 1 of 2

2020 MAY - 1 AM 11:03
SECRETARY OF STATE
TALLAHASSEE, FL 32399-0400

FILED

H20000129090

H20000129090

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:

THOMAS S. BALDWIN III

11111 BISCAYNE BLVD UNIT 1404

NORTH MIAMI BEACH, FL 33181

(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.)

THOMAS S. BALDWIN III

Typed or printed name of signer

SECRETARY OF STATE
TALLAHASSEE, FL 32399-0400

2020 MAY -1 AM 11:03

FILED