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

From: Account Name : ALEXANDER ALMONTE, ESQ/I INCORPORATE LTD.  
Account Number : I20070000019  
Phone : (518)689-1212  
Fax Number : (518)432-0742

\*\*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.  
SUPPLY WORKS LLC

|                       |          |
|-----------------------|----------|
| Certificate of Status | 1        |
| Certified Copy        | 0        |
| Page Count            | 01       |
| Estimated Charge      | \$130.00 |

2020 MAY -6 PM 3:51

FILED

2020 MAY -6 PM 2:46

# Articles of Organization for Florida Limited Liability Company

2020 MAY -6 PM 2:46  
FILED IN OFFICE OF THE  
CLERK OF THE CIRCUIT COURT  
IN AND FOR THE COUNTY OF  
DADE, FLORIDA

## ARTICLE I NAME

The name of the Limited Liability Company is:

**Supply Works LLC**

## ARTICLE II PRINCIPAL OFFICE

The mailing address and street address of the principal office is:

**18201 Collins Ave., Apt 5405, Sunny Isles Beach, FL 33160**

## ARTICLE III REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT'S SIGNATURE

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

**Elena Balashova  
18201 Collins Ave., Apt 5405, Sunny Isles Beach, FL 33160**

## ARTICLE IV AUTHORIZED REPRESENTATIVE / MANAGER

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

**Elena Balashova, Authorized Representative  
18201 Collins Ave., Apt 5405, Sunny Isles Beach, FL 33160**

**May 6, 2020**

*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.*

**s/ Elena Balashova  
Elena Balashova  
Registered Agent**

*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.*

**s/ Elena Balashova  
Elena Balashova  
Authorized Representative**