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

From: Account Name : HUBCO  
Account Number : 104662003400  
Phone : (516) 935-3940  
Fax Number : (516) 935-3088

2020 MAY -8 AM 8:58

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

Email Address: saniajunkmail@yahoo.com

FLORIDA LIMITED LIABILITY CO.  
HUMBLE HUSTLA LLC

Certificate of Status	1
Certified Copy	0
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FILED  
2020 MAY -8 PM 12:36  
TALLAHASSEE, FLORIDA

Sania  
5/11/20

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - Name:**

The name of the Limited Liability Company is:

**HUMBLE HUSTLA 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:**1020 NW 5TH AVENUE  
FORT LAUDERDALE, FL 33311**Mailing Address:**1020 NW 5TH AVENUE  
FORT LAUDERDALE, FL 33311**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:

SANIA DOLCE

Name

1020 NW 5TH AVENUEFlorida street address (P.O. Box **NOT** acceptable)FORT LAUDERDALE FL 33311

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 the 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 Chapter 605, F.S.



Registered Agent's Signature (REQUIRED)

**SANIA DOLCE**

(CONTINUED)

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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

MGR

MGR

MGR

**Name and Address:**

JUNIOR DEMELIES

1020 NW 5TH AVENUE

FORT LAUDERDALE, FL 33311

KAIDEN MOMENT

1020 NW 5TH AVENUE

FORT LAUDERDALE, FL 33311

ROSE DOREUAS

1020 NW 5TH AVENUE

FORT LAUDERDALE, FL 33311


(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.)

**SANIA DOLCE**

Typed or printed name of signee

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