Electronic Articles of Organization For Florida Limited Liability Company

L20000134092 FILED 8:00 AM May 18, 2020 Sec. Of State jsdennis

Article I

The name of the Limited Liability Company is: COTERIE OF CABALS LLC

Article II

The street address of the principal office of the Limited Liability Company is:

8595 SUNRISE LAKES BLVD APT 101 SUNRISE, FL. 33322

The mailing address of the Limited Liability Company is:

8595 SUNRISE LAKES BLVD APT 101 SUNRISE, FL. 33322

Article III

Other provisions, if any:

ANY AND ALL LAWFUL BUSINESS.

Article IV

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

SUNIL JAGESSAR 8585 SUNRISE LAKES BLVD APT 101 SUNRISE, FL. 33322

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.

Registered Agent Signature: SUNIL JAGESSAR

Article V

The name and address of person(s) authorized to manage LLC:

Title: MGR SUNIL JAGESSAR 8595 SUNRISE LAKES BLVD APT 101 SUNRISE, FL. 33322

Title: MGR CARVEN TORCHON 1709 WHITTLING COURT FORT MEYERS, FL. 33901

Title: MGR KEVIN SPENCER 2021 WINNERS CIRCLE NORTH LAUDERDALE, FL. 33068

Signature of member or an authorized representative

Electronic Signature: SUNIL JAGESSAR

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.

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