Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations		
Fax Number : (850)617-6381	L	-
Account Name : ALEXANDER ALM	MONTE, ESQ/I INCORPORATE LTD.	<u>:</u> :
Account Number : I20070000019	, ,	
Phone : (518)689-1212	2	
Fax Number : (518)432-0742	?	
nual report mailings. Enter only	ness entity to be used for fut one email address please.**	ure
	Account Name : ALEXANDER ALM Account Number : I20070000019 Phone : (518)689-1212 Fax Number : (518)432-0742 the email address for this busing nual report mailings. Enter only	Fax Number : (850)617-6381 Account Name : ALEXANDER ALMONTE, ESQ/I INCORPORATE LTD. Account Number : I20070000019 Phone : (518)689-1212 Fax Number : (518)432-0742 the email address for this business entity to be used for fut nual report mailings. Enter only one email address please.**

2301-94 Gulf of Mexico Drive LLC

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

Articles of Organization

for

Florida Limited Liability Company

ARTICLE I NAME

The name of the Limited Liability Company is:

2301-94 Gulf of Mexico Drive LLC

ARTICLE II PRINCIPAL OFFICE

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

2301 Gulf of Mexico Drive Apt 94N, Longbaat Key, FL 34228 🚊

ACENT'S SIGNATURE

ARTICLE III REGISTERED AGENT. REGISTERED OFFICE & REGISTERED AGENT'S SIGNATURE

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

Jimmy Solovey 2301 Gulf of Mexico Drive Apt 94N, Longbaat Key, FL 34228

ARTICLE IV AUTHORIZED REPRESENTATIVE / MANAGER

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

Jimmy Solovey, Authorized Representative 2301 Gulf of Mexico Drive Apt 94N, Longbaat Key, FL 34228

August 4, 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/ Jimmy Solovey
Jimmy Solovey
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.

<u>s/ Jimmy Solovey</u> Jimmy Solovey **Authorized Representative**