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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 : WILSON TAX & ACCOUNTING INC.
Account Number : I20150000107
Phone : (941) 625-1925
Fax Number : (941) 625-1526

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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****Enter the email address for this business entity to be used for future
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Email Address: arpadd820@outlook.com

**FLORIDA LIMITED LIABILITY CO.
POP ART GOLF LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
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T. BURCH
AUG 21 2020

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

The name of the Limited Liability Company is:

POP ART GOLF LLC

(Must contain 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:37 CARDINAL DR
NORTH FORT MYERS, FL 3391737 CARDINAL DR
NORTH FORT MYERS, FL 33917**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:

DIANA ARPAD

Name

752 OVERRIVER DRFlorida street address (P.O. Box NOT acceptable)NORTH FT. MYERS FL 33903

City

State

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)

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(CONTINUED)

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

"MGR" = Manager

DIANA ARPAD
752 OVERRIVER DR
NORTH FORT MYERS, FL 33903

SHELDON ARPAD
752 OVERRIVER DR
NORTH FORT MYERS, FL 33903

CHRISTOPHER OBETZ
1343 BARCELONA AVE
NORTH FORT MYERS, FL 33901

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ANY AND ALL LAWFUL BUSINESS.

02 April

Signature of a member or an authorized representative of a member.
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.

Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent