9/15/2020

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000321297 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6381

Account Name

: BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.

Account Number: 075350000353

: (800)221-2972

Fax Number

: (917)243-5843

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

mail	Address	:			
------	---------	---	--	--	--

FLORIDA LIMITED LIABILITY CO.

Corsac Virtual LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

D OWEEE SEP 2 4 2070

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability	y Company is:			
Corsac Virtual LLC				
(Must end v	with the words "Limited	d Liability Comp	oany, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street ad	ldress of the principal c	office of the Lim	ited Liability Company is:	
Princips	il Office Address:		Mailing Address	:
10579 Arcole Court]	0579 Arcole Court	
Wellingtown,FL 3344	19		Wellingtown,FL 33449	
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a The name and the Florida street a	cannot serve as its own ctive Florida registration	Registered Age on.)		dual or
	Dawn Atkins			
		Name		
	10579 Arcole Court			
	Florida street addres	s (P.O. Box <u>NO</u>	T acceptable)	
	Wellingtown	FL	33449	
	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)

(CONTINUED)

Page 1 of 2

0 SEP 23 PH 9: 47

Drew Hitingworth 57 Major Drive Sayreville, NJ 08872 Dawn Atkins 10579 Arcole Court Wellingtown,FL 33449 We date, if other than the date of filing: Listed, the date must be specific and cannot be more than five business days prior to or 9th and in this block does not meet the applicable statutory filing requirements, this date will not ive date on the Department of State's records. Displantare of a member or an arthorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any files information submidded in a document to the Department of State constitutes a third degree filewy as provided for in a 837.335, FS. Typed or printed name of signor Filling Feets: ling Fee for Articles of Organization and Designation of Registered Agent ertificate of Status (Optional) ertificate of Status (Optional)	tle:	Name and Address:
Drew Hilingworth 57 Major Drive Sayreville, NJ 08872 Dawn Atkins 10579 Arcole Court Wellingtown,FL 33449 We date, if other than the date of filing: (OPTIONAL) listed, the date must be specific and cannot be more than five business days prior to or 90 med in this block does not meet the applicable statutory filing requirements, this date will notive date on the Department of State's records. Signature of a member or an authorized representative of a member. This document is executed in accordance with section 663 2020 (1) (b), Florida Stantes. I am aware that any false information ambuffied in a 60 compact to the Department of State constitutes a third degree felony as provided for in a 817.155, F.S. Typod or printed name of signos Filling Fee for Articles of Organization and Designation of Registered Agent ertified Copy (Optional) ertificate of Status (Optional)	MBR" = Authorized Member	
Dawn Atkins 10579 Arcole Court Wellingtown,FL 33449 We date, if other than the date of filing: Listed, the date must be specific and cannot be more than five business days prior to or 90 miles of the filing and the filing requirements, this date will no live date on the Department of State's records. Signature of a member or an arthorized representative of a member. This document is executed in accordance with section 665 2020 (1) (b), Florida Stantes. I am aware that any labe information submitted in a document to the Department of State constitutes a third degree fellow as provided for in a 217.155, F.S. Typed or printed name of signee Filling Fees: ling Fee for Articles of Organization and Designation of Registered Agent ertificate of Status (Optional) ertificate of Status (Optional)	IGR" = Manager	Parama Yillian morth
Sayreville, NJ 08872 Dawn Atkins 10579 Arcole Court Wellingtown, FL 33449 We date, if other than the date of filing: listed, the date must be specific and cannot be more than five business days prior to or 9 ared in this block does not meet the applicable statutory filing requirements, this date will no rive date on the Department of State's records. Signature of a manufactor an arthorized representative if a manufactor. This document is executed in accordance with section 663 2020 (1) (b), Provide States. I am sware that any flicks information almosthoid to the Department of State constitutes a third degree felony as provided for in a 817.155, F.S. Typed or printed name of signee Filing Fees: ling Fee for Articles of Organization and Designation of Registered Agent ertificed Copy (Optional) ertificate of Status (Optional)	MBR	57 Major Drive
Dawn Atkins 10579 Arcole Court Wellingtown, FL 33449 We date, if other than the date of filing: (OPTIONAL) listed, the date must be specific and cannot be more than five business days prior to or 9 ared in this block does not meet the applicable statutory filing requirements, this date will not live date on the Department of State's records. Signature of a member or an authorisad representative of a member. This document is executed in accordance with section 603 0203 (1) (b), Florida Statutes I am sware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in a 171135, F.S. Typed or printed tame of signes Filing Fees: ling Fee for Articles of Organization and Designation of Registered Agent ertificed Copy (Optional) ertificate of Status (Optional)		Source NL/9872
Intent if necessary) We date, if other than the date of filing: Listed, the date must be specific and cannot be more than five business days prior to or 90 more date, if other than the date of filing: Listed, the date must be specific and cannot be more than five business days prior to or 90 more din this block does not meet the applicable statutory filing requirements, this date will not ive date on the Department of State's records. Separature: Separature: Separature: Separature: Separature of a member or an authorized representative of a member. This document is executed in accordance with section 605 3020 (1) (b), Flocida Statutes. I am aware that my also information submitted in a document to the Department of State constitutes a third degree felony as provided for in a 817155, F.S. Typed or printed name of signes Filing Fees: ling Fee for Articles of Organization and Designation of Registered Agent ertificed Copy (Optional) ertificate of Status (Optional)		Sayleville, 143 00072
Intent if necessary) We date, if other than the date of filing: Listed, the date must be specific and cannot be more than five business days prior to or 90 more date, if other than the date of filing: Listed, the date must be specific and cannot be more than five business days prior to or 90 more din this block does not meet the applicable statutory filing requirements, this date will not ive date on the Department of State's records. Separature: Separature: Separature: Separature: Separature of a member or an authorized representative of a member. This document is executed in accordance with section 605 3020 (1) (b), Flocida Statutes. I am aware that my also information submitted in a document to the Department of State constitutes a third degree felony as provided for in a 817155, F.S. Typed or printed name of signes Filing Fees: ling Fee for Articles of Organization and Designation of Registered Agent ertificed Copy (Optional) ertificate of Status (Optional)	AMBR	Dawn Atkins
Wellingtown, FL 33449 We date, if other than the date of filing:	4. (1).0	10579 Arcole Court
we date, if other than the date of filing:		
isted, the date must be specific and cannot be more than five business days prior to or 90 med in this block does not meet the applicable statutory filing requirements, this date will not ive date on the Department of State's records. 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 a 817.155, F.S. Typed or printed name of signee Filing Fees: ling Fee for Articles of Organization and Designation of Registered Agent ertified Copy (Optional)		
isted, the date must be specific and cannot be more than five business days prior to or 90 med in this block does not meet the applicable statutory filing requirements, this date will not ive date on the Department of State's records. 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 a 817.155, F.S. Typed or printed name of signee Filing Fees: ling Fee for Articles of Organization and Designation of Registered Agent ertified Copy (Optional)		
isted, the date must be specific and cannot be more than five business days prior to or 90 med in this block does not meet the applicable statutory filing requirements, this date will not ive date on the Department of State's records. 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 a 817.155, F.S. Typed or printed name of signee Filing Fees: ling Fee for Articles of Organization and Designation of Registered Agent ertified Copy (Optional)		
isted, the date must be specific and cannot be more than five business days prior to or 90 med in this block does not meet the applicable statutory filing requirements, this date will not ive date on the Department of State's records. 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 a 817.155, F.S. Typed or printed name of signee Filing Fees: ling Fee for Articles of Organization and Designation of Registered Agent ertified Copy (Optional)		
isted, the date must be specific and cannot be more than five business days prior to or 90 med in this block does not meet the applicable statutory filing requirements, this date will not ive date on the Department of State's records. 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 a 817.155, F.S. Typed or printed name of signee Filing Fees: ling Fee for Articles of Organization and Designation of Registered Agent ertified Copy (Optional)		
isted, the date must be specific and cannot be more than five business days prior to or 90 med in this block does not meet the applicable statutory filing requirements, this date will not ive date on the Department of State's records. 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 a 817.155, F.S. Typed or printed name of signee Filing Fees: ling Fee for Articles of Organization and Designation of Registered Agent ertified Copy (Optional)		
isted, the date must be specific and cannot be more than five business days prior to or 90 med in this block does not meet the applicable statutory filing requirements, this date will not ive date on the Department of State's records. 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 a 817.155, F.S. Typed or printed name of signee Filing Fees: ling Fee for Articles of Organization and Designation of Registered Agent ertified Copy (Optional)		
isted, the date must be specific and cannot be more than five business days prior to or 90 med in this block does not meet the applicable statutory filing requirements, this date will not ive date on the Department of State's records. 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 a 817.155, F.S. Typed or printed name of signee Filing Fees: ling Fee for Articles of Organization and Designation of Registered Agent ertified Copy (Optional)		····
isted, the date must be specific and cannot be more than five business days prior to or 90 med in this block does not meet the applicable statutory filing requirements, this date will not ive date on the Department of State's records. 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 a 817.155, F.S. Typed or printed name of signee Filing Fees: ling Fee for Articles of Organization and Designation of Registered Agent ertified Copy (Optional)		
ried in this block does not meet the applicable statutory filing requirements, this date will not ive date on the Department of State's records. Provisions, if any. Signature of a member or an authorized representative of a member. This document is executed in accordance with section 603.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree falony as provided for in a 217.153, F.S. Typed or printed name of signor Filing Fees: ling Fee for Articles of Organization and Designation of Registered Agent ertified Copy (Optional) ertificate of Status (Optional)	se attachment if necessary)	
ried in this block does not meet the applicable statutory filing requirements, this date will not ive date on the Department of State's records. Provisions, if any. Signature of a member or an authorized representative of a member. This document is executed in accordance with section 603.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree falony as provided for in a 217.153, F.S. Typed or printed name of signor Filing Fees: ling Fee for Articles of Organization and Designation of Registered Agent ertified Copy (Optional) ertificate of Status (Optional)		(OPTIONAL)
Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Standes. 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 a \$17.155, F.S. Typed or primed name of signos Filing Fees: Comparison of Registered Agent ertified Copy (Optional)	nt's effective date on the Department	of State's records.
Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Standes. 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 a \$17.155, F.S. Typed or primed name of signos Filing Fees: Comparison of Registered Agent ertified Copy (Optional)	ont's effective date on the Department VI: Other provisions, if any.	of State's records.
Constitutes a third degree felony as provided for in a.817.133, F.S. Constitutes a third degree felony as provided for in a.817.133, F.S. Constitutes a third degree felony as provided for in a.817.133, F.S. Constitutes a third degree felony as provided for in a.817.133, F.S. Constitutes a third degree felony as provided for in a.817.133, F.S. Constitutes a third degree felony as provided for in a.817.133, F.S. Constitutes a third degree felony as provided for in a.817.133, F.S. Constitutes a third degree felony as provided for in a.817.133, F.S. Constitutes a third degree felony as provided for in a.817.133, F.S. Constitutes a third degree felony as provided for in a.817.133, F.S. Constitutes a third degree felony as provided for in a.817.133, F.S. Constitutes a third degree felony as provided for in a.817.133, F.S. Constitutes a third degree felony as provided for in a.817.133, F.S. Constitutes a third degree felony as provided for in a.817.133, F.S. Constitutes a third degree felony as provided for in a.817.133, F.S. Constitutes a third degree felony as provided for in a.817.133, F.S. Constitutes a third degree felony as provided for in a.817.133, F.S. Constitutes a third degree felony as provided for in a.817.133, F.S. Constitutes a third degree felony as provided for in a.817.133, F.S. Constitutes a third degree felony as provided for in a.817.133, F.S. Constitutes a third degree felony as provided for in a.817.133, F.S. Constitutes a third degree felony as provided for in a.817.133, F.S. Constitutes a third degree felony as provided felony as provided for in a.817.133, F.S. Constitutes a third degree felony as provided fe	nt's effective date on the Department	of State's records.
Filing Fees: Filing Fees: A C C	Notice of a mention of a mentio	of State's records. At the second se
Filing Fees: Filing Fees: A C C	PROFITED SIGNATURE: Signature of a manual state of the s	of State's records. Manual of State's records. Manual of State's records. Manual of State of a metabor. Indian accordance with section 605.0203 (1) (b), Florida Statutes. Information submitted in a document to the Department of State Gelony as provided for in a.817.155, F.S.
ling Fee for Articles of Organization and Designation of Registered Agent ertified Copy (Optional) ertificate of Status (Optional)	PROFITED SIGNATURE: Signature of a manual state of the s	of State's records. Another or an anthorized representative of a messiver. Led in accordance with section 605.0203 (1) (b), Florida Statutes. Information submitted in a document to the Department of State of clony as provided for in a.817.155, F.S. OTICALS DEFEN TLETNEWRITH
ling Fee for Articles of Organization and Designation of Registered Agent ertified Copy (Optional) ertificate of Status (Optional)	PROFITED SIGNATURE: Signature of a manual state of the s	of State's records. Another or an anthorized representative of a messiver. Led in accordance with section 605.0203 (1) (b), Florida Statutes. Information submitted in a document to the Department of State of clony as provided for in a.817.155, F.S. OTICALS DEFEN TLETNEWRITH
ling Fee for Articles of Organization and Designation of Registered Agent ertified Copy (Optional) ertificate of Status (Optional)	PROFITED SIGNATURE: Signature of a manual state of the s	of State's records. Another or an anthorized representative of a messiver. Led in accordance with section 605.0203 (1) (b), Florida Statutes. Information submitted in a document to the Department of State of clony as provided for in a.817.155, F.S. OTICALS DEFEN TLETNEWRITH
ertified Copy (Optional) ertificate of Status (Optional)	PROFITED SIGNATURE: Signature of a manual state of the s	of State's records. A Comber or an authorized representative of a member. Indeed in accordance with section 605.0203 (1) (b), Florida Statutes, information submitted in a document to the Department of State of Stelony as provided for in a.817.155, F.S. A Comber of State
ertificate of Status (Optional)	RECHIERD SIGNATURE: Signature of a ma This document is execut I am aware that any false constitutes a third degree	amber or an authorized representative of a member. Ind in accordance with section 605.0203 (1) (b), Florida Statutes. Information submitted in a document to the Department of State Orleany as provided for in a 217.155, F.S. Typed or printed name of signee Filling Fees:
	RECHIERD SIGNATURE: Signature of a me This document is execut I am aware that any fulse constitutes a third degree	amber or an authorized representative of a member. Ind in accordance with section 605.0203 (1) (b), Florida Statutes. Information submitted in a document to the Department of State Orleany as provided for in a 217.155, F.S. Typed or printed name of signee Filling Fees:
	RECHIERD SIGNATURE: Signature of a me This document is execut I am aware that any false constitutes a third degree \$125.00 Filling Fee for Articles of Or \$30.00 Certified Copy (Optional)	of State's records. A Company of State's records. A Company of a member. In the in accordance with section 605.0203 (1) (b), Florida Statutes. In the information submitted in a document to the Department of State of States
Page 1 and 1	RECHIERD SIGNATURE: Signature of a me This document is execut I am aware that any fulse constitutes a third degree	of State's records. A Company of State's records. A Company of a member. In the in accordance with section 605.0203 (1) (b), Florida Statutes. In the information submitted in a document to the Department of State of States
n 4 /3	RECHIERD SIGNATURE: Signature of a me This document is execut I am aware that any false constitutes a third degree \$125.00 Filling Fee for Articles of Or \$30.00 Certified Copy (Optional)	of State's records. A constraint of the state of the sta
Page 2 of 2	Signature of a me This document is execut I am sware that any false constitutes a third degree	of State's records. Support of an authorized representative of a member. Ind in accordance with section 605.0203 (1) (b), Florida is information submitted in a document to the Department of felony as provided for in a.817.155, F.S. Typed or printed name of signee Filing Fees: rganization and Designation of Registered Age