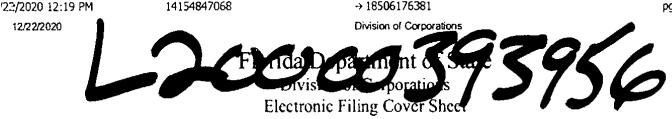
12/22/2020



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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

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

Email Address: CPA@ROSSSTRENT.COM

# FLORIDA LIMITED LIABILITY CO. CAVH OF SOUTH WEST FLORIDA LLC

Certificate of Status	1
Certified Copy	0
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DEC 23 2020

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H20000437091

### AKTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

14154847068

## CAVH OF SOUTH WEST FLORIDA LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LEC.")

### **ARTICLE II - Address:**

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

Principal Office Address:

6965 38TH STREET N.
6965 38TH STREET N.
6965 38TH STREET N.
PINELLAS PARK, FL 33781
PINELLAS PARK, FL 33781

### 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:

CAROLYN AROTE

Name

6965 38TH STREET N.

Florida street address (P.O. Box NOT acceptable)

PINELLAS PARK

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 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)

**CAROLYN AROTE** 

(CONTINUED)

Page 1 of 2

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<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager AMBR	CAROLYN AROTE
	6965 38TH STREET N. PINELLAS PARK, FL 33781
	FINELDAS FAINCE L'35/01
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