

1/19/2021



Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:  
Division of Corporations  
Fax Number : (850)617-6381

From:  
Account Name : BELOFF LAW, P.A.  
Account Number : I20080000060  
Phone : (305)673-1101  
Fax Number : (305)673-5505

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

Email Address: JBS@BELOFFLAW.com  
(OR-0679-01)

**FLORIDA LIMITED LIABILITY CO.  
HUDSON HEDGE LLC**

Certificate of Status	1
Certified Copy	1
Page Count	03
Estimated Charge	\$160.00

J. FASON

JAN 20 2021

2021 JAN 19 PM 1:09

2021 JAN 19 AM 9:05

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**COVER LETTER**

**To: Registration Section/Division of Corporation**

**Subject: New Entity Filing**

**Entity Name: HUDSON HEDGE LLC**

**Memo: The enclosed Articles of Organization and Fees(s) are submitted for filing.**

**Please return all correspondence concerning this matter to the following:**

Jonathan D. Beloff, Esq.  
Beloff Law, P.A.  
1691 Michigan Avenue  
Suite 250  
Miami Beach, FL 33139  
Telephone: 305-673-1101  
Fax: 305-673-5505  
Email Address: jdb@belofflaw.com

**Requested Items:**

- Entity Filing
- Certificate of Status
- Certified Copy

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**ARTICLES OF ORGANIZATION  
FOR  
HUDSON HEDGE LLC  
a Florida Limited Liability Company**

The undersigned, desiring to form a Limited Liability Company for the purposes set forth herein and in conformance with the Florida Limited Liability Company Act, does hereby establish the following:

**ARTICLE I- NAME:**

The Name of the Limited Liability Company is: **HUDSON HEDGE LLC**

**ARTICLE II- ADDRESS:**

The Address of its Principal Place of Business, as well as the Mailing Address for this Limited Liability Company is **256 W 10<sup>TH</sup> STREET, APT 5C, NEW YORK, NY 10014**

**ARTICLES III- REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT'S SIGNATURE:**

The Name and the Florida Address of the Registered Agent are:

**YOUR CAPITAL CONNECTION, INC.  
417 E. VIRGINIA ST. STE 1.  
TALLAHASSEE FL 32301**

Having been named as registered agent and to accept service of process for the above state 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/ Seth Neeley

**YOUR CAPITAL CONNECTION, INC., Registered Agent**

Seth Neeley signing on behalf of Your Capital Connection, Inc. as a authorized representative.

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**ARTICLE IV-**

The Name and Address of Each Person Authorized to Manage and Control the Limited Liability Company:

**TITLE:**

**NAME AND ADDRESS:**

**MANAGER MEMBER**

**CLAYTON ORRIGO  
256 W 10<sup>TH</sup> STREET, APT 5C  
NEW YORK, NY 10014**

**MANAGER MEMBER**

**STEPHEN FERRARA  
299 W 12 STREET, APT 6K  
NEW YORK, NY 10014**

**ARTICLE V-**

Effective Date, if other than the date of filing: \_\_\_\_\_ (Optional)

**ARTICLE VI- THIS IS A MEMBER MANAGED COMPANY.**

**REQUIRED SIGNATURE:**



\_\_\_\_\_  
**STEPHEN FERRARA, Manager**

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*(In accordance with Section 605.0203 (1)(b), Florida Statute, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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 s817.155,F.S.)*