

1/19/2021

W210000246173
Division of Corporations
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: JFB@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

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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 10TH 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 10TH STREET, APT 5C
NEW YORK, NY 10014**

MANAGER MEMBER

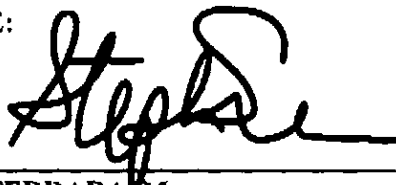
**STEPHEN FERRARA
299 W 12 STREET, APT 6K
NEW YORK, NY 10014**

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.)