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To:

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

From:

Account Name : GM FINANCIAL GROUP LIMITED, INC.
Account Number : I19980000102
Phone : (954)428-8899
Fax Number : (954)428-6699

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

Email Address: BKLUPT@GMFINNGROUP.COM

**FLORIDA LIMITED LIABILITY CO.
STRONG ISLAND COLLECTABLES LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

FEB 19 2021

T. SCOTT

FILED
2021 FEB 18 AM 10:38
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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

The name of the Limited Liability Company is:

STRONG ISLAND COLLECTABLES 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:399 W PALMETTO PK RD SUITE 102
BOCA RATON, FL 33442**Mailing Address:**1077 ATLANTIC STREET
FRANKLIN SQUARE, NY 11010**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:

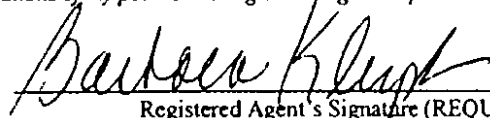
BARBARA KLUPPT

Name

399 W PALMETTO PK RD SUITE 102Florida street address (P.O. Box **NOT** acceptable)

<u>BOCA RATON</u>	<u>FL</u>	<u>33432</u>
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)

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ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

AMBR _____

RYAN KLUPIT
1077 ATLANTIC STREET
FRANKLIN SQUARE, NY 11010

MGR _____

BARBARA KLUPIT
739 PINE LAKE DRIVE
DELRAY BEACH, FL 33445

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:


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.

RYAN KLUPIT _____

Typed or printed name of signer

Filing Fees:

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

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)