

**L21000074421**

Florida Department of State

Division of Corporations  
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Email Address: CHARLES@CPAMASSIE.COM

**FLORIDA LIMITED LIABILITY CO.  
TUBE TENDER, LLC**

Certificate of Status	1
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*LMC 2/22/21*

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name

The name of the Limited Liability Company is: **Tube Tender, LLC**

### ARTICLE II - Address

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

**8440 Arborfield Ct.  
Fort Myers, FL 33912**

### ARTICLE III -

Registered Agent, Registered Office & Registered Agents Signature

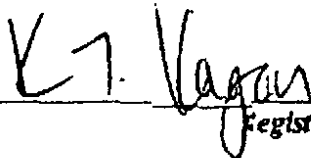
The name and Florida street address of the registered agent are:

**Karen Kagen**  
Name

**8440 Arborfield Ct.**  
(P.O. Box or Mail Drop Box NOT acceptable)

**Fort Myers, FL 33912**  
(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

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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

"MGMR" = Managing Member

Name and Address:MGMR

Karen Kagan  
8440 Arborfield Ct.  
Fort Myers, FL 33912

MGMR

Gabriel Kagan  
10215 Blanchard Park Trail, Apt. 2316  
Orlando, FL 52817

MOMR

Evan Kagan  
8440 Arborfield Ct.  
Fort Myers, FL 33912

FILED  
2021 FEB 19 PM 4:50  
HALL COUNTY CLERK

2021 FEB 19 PM 4:50

FILED

## ARTICLE V -

Effective date, if other than the date of filing: \_\_\_\_\_

(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.)

REQUIRED SIGNATURE:

  
\_\_\_\_\_  
*Signature of a member or authorized representative of a member*

(In accordance with section 605.0203(1)(B), Florida Statutes, 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 s.817.155, F. S.)

Karen Kagan

\_\_\_\_\_  
Typed or printed name of signee

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