

L21000074969

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

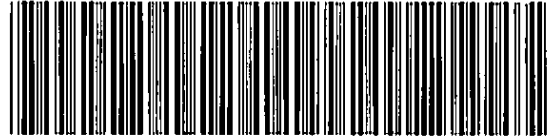
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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**CORPORATE  
ACCESS,  
INC.**

*When you need ACCESS to the world*

236 East 6th Avenue, Tallahassee, Florida 32303  
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**WALK IN**

**PICK UP:** 02//2021

☐ **CERTIFIED COPY** \_\_\_\_\_  
**XX** **PHOTOCOPY** \_\_\_\_\_  
☐ **CUS** \_\_\_\_\_  
**XX** **FILING** LLC \_\_\_\_\_

1. PROVISIONS LLC  
(CORPORATE NAME AND DOCUMENT #)
2. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
3. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
4. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
5. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
6. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL  
INSTRUCTIONS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED  
2021 FEB 19 PM 3:46

February 18, 2021

CORPORATE ACCESS

SUBJECT: PROVISIONS LLC  
Ref. Number: W21000022660

We have received your document for PROVISIONS LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at [www.sunbiz.org](http://www.sunbiz.org).

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "LC.," "Ltd.," and "Co."

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan  
Regulatory Specialist III

Letter Number: 421A00003662

*Corrected*

**ARTICLES OF ORGANIZATION**

**OF**

**Provisions 360 LLC**

**FILED**

2021 FEB 19 PM 12: 58

SECRETARY OF STATE  
TALLAHASSEE, FL

**ARTICLE I**

**Name**

The name of the Limited Liability Company is: Provisions 360 LLC

**ARTICLE II**

**Address**

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

805 South Miami Avenue, Suite 4708  
4708 Miami Florida 33130

**ARTICLE III**

**Registered Agent, Registered Office, & Registered Agent's Signature**

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

Corporate Creations Network Inc.  
801 US Highway 1  
North Palm Beach, FL 33408  
Palm Beach County  
(561) 694-8107

*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..*

*Melissa Munera* - Sepcial Secretary

Registered Agent's Signature (REQUIRED)

**(CONTINUED)**

#### ARTICLE IV

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

**Title:**                      **Name and Address:**

"AMBR" = Authorized Member "MGR" = Manager

<b><u>Title</u></b>	<b><u>Name and Address</u></b>
AMBR	Peter Litvinenko 1100 Biscayne Blvd, Suite 3205 Miami, Florida 33130
AMBR	Jeremy Shevett 20 East 17 <sup>th</sup> , 4 <sup>th</sup> Floor New York, New York 10003
AMBR	Brian D. Skydell 805 South Miami Avenue, Suite 4708 4708 Miami Florida 33130

#### ARTICLE V Effective Date

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

#### ARTICLE VI

Other provisions, if any.

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**SIGNATURE:**

*Brian Skydell*

Signature of Member Brian D. Skydell

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.

**Brian D. Skydell**

Typed or printed name of signee

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