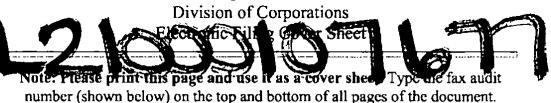
Florida Department of State



(((H210001033063)))



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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : CAPITOL SERVICES, INC.

Account Number : 120160000017 Phone : (855)498-5500 Fax Number : (800)432-3622

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

Email	Address:	<u> </u>	-,

FLORIDA LIMITED LIABILITY CO. ROFOUS HUMMINGBIRD LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

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3/16/21

COVER LETTER

	ew Filing Sectivision of Cor		
CIID IECT		HUMMINGBIRD, LLC	
SUBJECT	·	Name of Li	imited Liability Company
The enclos	sed Articles of	Organization and fee(s) a	are submitted for filing.
Please retu	un all correspo	ndence concerning this m	matter to the following:
	MATTHEW	H. JACOBSON	
			Name of Person
	CARLTON	TELDS, P.A.	
			Firm/Company
	700 NW 1ST	AVENUE, SUITE 1200	0
			Address
	MIAMI, FLO	DRIDA 33136	
	MJACOBSON	N@CARLTONFIELDS.C	City/State and Zip Code COM
	E	l-mail address: (to be used	ed for future annual report notification)
or further i	nformation co	ncerning this matter, pleas	ase call:
	MATTHEW	H. JACOBSON 3	305 539-7372
	Nam	e of Person A	Area Code Daytime Telephone Number
Enclosed is	s a check for th	e following amount:	
■ \$125.00) Filing Fee	□\$130.00 Filing Fee & Certificate of Status	Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed)
	New Fi Divisio P.O. Bo	g Address ling Section on of Corporations ox 6327 assee, FL 32314	Street Address New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLE I - Name:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:	
RUFOUS HUMMINGBIRD LLC	
(Must contain the words "Limited Liab	oility Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office	e of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
781 CRANDON BOULEVARD UNIT 1102	781 CRANDON BOULEVARD UNIT 1102
KEY BISCAYNE, FL 33149	KEY BISCAYNE, FL 33149
ARTICLE III - Registered Agent, Registered Office, & R (The Limited Liability Company cannot serve as its own Reg another business entity with an active Florida registration.) The name and the Florida street address of the registered age	gistered Agent. You must designate an individual or
CF REGISTERED AGE	NT. INC.
	ame
100 S. ASHLEY DRIVE	SHITE 400
	O. Box NOT acceptable)
TAMPA, FL 33602	
City	State Zip
Having been named as registered agent and to accept service of place designated in this certificate, I hereby accept the appoint further agree to comply with the provisions of all statutes relations am familiar with and accept the obligations of my position as reasonable as the complex of the control of t	ment as registered agent and agree to act in this capacity. I ing to the proper and complete performance of my duties, and I
(C	CONTINUED)
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The name and address of each person authorized to manage and control the Limited Liability Company:

"AMBR" = Au "MGR" = Man	thorized Member			
"MIN" = Mar	ager			
AMBR	•	MARK D. JACKMAN		
AWIDK		781 CRANDON BLVD. UNIT 1102		_
		KEY BISCAYNE, FL 33149		
44700		MARKA IAGIOTAN		
AMBR		MARIA JACKMAN 781 CRANDON BLVD. UNIT 1102		_
		KEY BISCAYNE, FL 33149		_
				_
				_
(Use attachmen	it if necessary)			
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Mective date is list of filling.) If the date insert ument's effective LE VI: Other pro-	ed in this block does not red attention the does not red attention the Department ovisions, if any.	sectific and cannot be more than five business days promeet the applicable statutory filing requirements, this	rlor to or !	
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