

L21 000113432

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

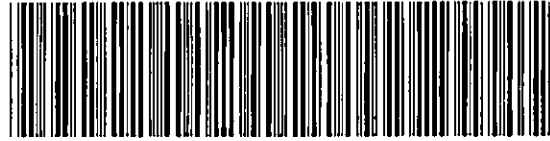
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer

Office Use Only



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01/05/21--01002--005 **155.00

2021 MAR 18 PM 3:25

**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

236 East 6th Avenue, Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

PICK UP: 3/18 Glinda

XX **CERTIFIED COPY** _____
☐ **PHOTOCOPY** _____
☐ **CUS** _____
XX **FILING** LLC _____

1. **EXPIRIFI 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:**

ARTICLES OF ORGANIZATION

OF

EXPIRIFI LLC

ARTICLE I

Name

The name of the Limited Liability Company is: EXPIRIFI 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

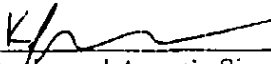
ARTICLE III

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..



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: **Name and Address:**

"AMBR" = Authorized Member "MGR" = Manager

<u>Title</u>	<u>Name and Address</u>
AMBR	Ethan Gardner 37 Hill Street, Apt B10 Morristown, NJ 07960
AMBR	Andrew MacNeille 805 South Miami Ave Apt 4708 Miami Florida 33130
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