

L21000115929

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

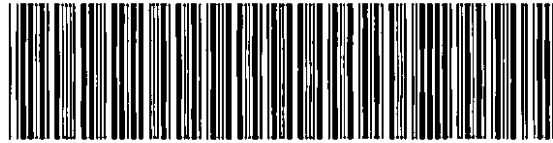
(Business Entity Name)

(Document Number)

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2021 MAR 19 AM 10:54

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CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 723405 4311639

AUTHORIZATION :



COST LIMIT : \$ 125.00

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ORDER DATE : March 19, 2021

ORDER TIME : 12:09 PM

ORDER NO. : 723405-005

CUSTOMER NO: 4311639  
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DOMESTIC FILING

NAME: BAXKO LLC

EFFECTIVE DATE:

\_\_\_\_\_ ARTICLES OF INCORPORATION  
\_\_\_\_\_ CERTIFICATE OF LIMITED PARTNERSHIP  
XX \_\_\_\_\_ ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_\_ CERTIFIED COPY  
XX \_\_\_\_\_ PLAIN STAMPED COPY  
\_\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland - EXT.

EXAMINER'S INITIALS: \_\_\_\_\_

**ARTICLES OF ORGANIZATION  
OF  
BAXKO LLC**

**ARTICLE I: - Name**

The name of the Limited Liability Company is: **BAXKO LLC**

**ARTICLE II: - Address**

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

**4701 N. Meridian Ave., Unit # 612  
Miami Beach, Florida 33140**

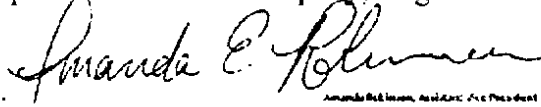
**ARTICLE III: - Registered Agent, Registered Office, & Registered Agent's Signature**

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

**Corporation Service Company  
1201 Hays Street  
Tallahassee, Florida 32301**

*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.*

Corporation Service Company, Registered Agent

By: 

By: \_\_\_\_\_  
Amanda Robinson, Assistant Vice President

Name: Amanda Robinson

Title: Vice President

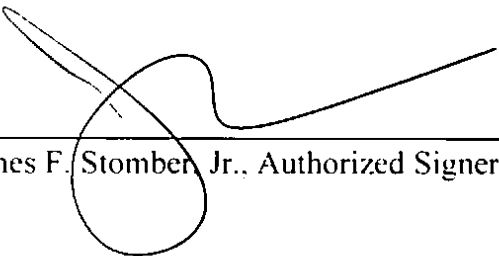
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**ARTICLE IV: - Management**

The name and address of the individual authorized to manage and control the limited liability company is as follows:

<u>Title:</u>	<u>Name and Address:</u>
MGR	Lauren Witkoff 4701 N. Meridian Ave., Unit # 612 Miami Beach, Florida 33140

**IN WITNESS WHEREOF**, the undersigned has executed these Articles of Organization on March 17, 2021.

  
\_\_\_\_\_  
James F. Stomber, Jr., Authorized Signer

(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 Section 817.155, Florida Statutes.)

\_\_\_\_\_  
James F. Stomber, Jr.  
Typed or printed name of signee