UH 000279417

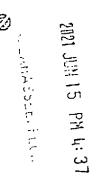
| (Requestor's Name) |
|---|
| |
| (Address) |
| |
| (Address) |
| (Address) |
| |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| |
| (Document Number) |
| (Southern Manager) |
| |
| Certified Copies Certificates of Status |
| |
| Special Instructions to Filing Officer: |
| _ |
| |
| |
| |
| |
| |
| |
| <u> </u> |

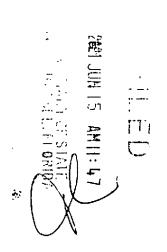
Office Use Only



600367683686

06/16/21--01003--029 **750.00





Advanced Incorporating Service

1317 California Street P.O. Box 20396 Tallahassee, FL 32316 Phone: 850-222-CORP Fax: 850-575-2724 Email: wlopez@aisincfl.com Website: www.aisincfl.com

| A NAME OF ENTITY |
|--|
| 1938 9th Avenue LLC |
| |
| |
| FOR OFFICE USE ONLY |
| |
| PICK ONE: |
| CERTIFIED COPYPHOTOCOPYC.U.S. |
| FILING: |
| CORPORATIONLLCLIMITED PARTNERSHIPGENERAL PARTNERSHIP |
| FICTITIOUS NAMESERVICEMARK/TRADEMARKAMENDMENT |
| FOREIGN QUALIFICATIONJUDGMENT LIEN |
| OTHER |
| RETRIEVAL: |
| GOOD STANDING CERT/C.U.SCERTIFIED COPYPHOTOCOPY |
| OfOf |
| |
| APOSTILLE/CERTIFICATION REQUEST: |
| Country |
| Amount of Documents To |
| DATE 6/15/21 TIME |
| DATE 6/15/21 TIME |
| Notes: |
| |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| The appear of the Limited Link His | | | | |
|---|--|---|--|--|
| The name of the Limited Liability | y Company is: | | | |
| | | | | |
| 1938 9th Avenue LL | C | | | |
| (Must cont | ain the words "Limited | Liability Company. | "L.L.C.," or "L.LC.") | |
| ARTICLE II - Address: | | | | |
| The mailing address and street a | ddress of the principal of | office of the Limited | Liability Company is: | |
| | | | • | |
| <u>Princip</u> | al Office Address: | | Mailing Address: | |
| 835 22nd Street | | 835 | 835 22nd Street | |
| Vero Beach, FL 32960 | | Ver | Vero Beach, FL 32960 | |
| | | <u> </u> | | |
| ARTICLE III - Registered Age | | | | |
| | ent, Registered Office, | & Registered Age | nt's Signature: | |
| (The Limited Liability Company | cannot serve as its own | Registered Agent. | nt's Signature: You must designate an individual or | |
| (The Limited Liability Company another business entity with an a | cannot serve as its own | Registered Agent. | nt's Signature: You must designate an individual or | |
| (The Limited Liability Company another business entity with an a | cannot serve as its own ective Florida registration | n Registered Agent. on.) | nt's Signature: You must designate an individual or | |
| (The Limited Liability Company | cannot serve as its own ective Florida registration | n Registered Agent. on.) | nt's Signature: You must designate an individual or | |
| (The Limited Liability Company another business entity with an a | cannot serve as its own ective Florida registration | n Registered Agent. on.) d agent are: | nt's Signature: You must designate an individual or | |
| (The Limited Liability Company another business entity with an a | cannot serve as its own active Florida registration address of the registered | Registered Agent. on.) d agent are: | nt's Signature: You must designate an individual or | |
| (The Limited Liability Company another business entity with an a | cannot serve as its own active Florida registration address of the registered | n Registered Agent. on.) d agent are: | nt's Signature: You must designate an individual or | |
| (The Limited Liability Company another business entity with an a | cannot serve as its own active Florida registration address of the registered Frederick J. Piumell | n Registered Agent. on.) d agent are: | You must designate an individual or | |
| (The Limited Liability Company another business entity with an a | cannot serve as its own active Florida registration address of the registered Frederick J. Piumell 835 22nd Street | n Registered Agent. on.) d agent are: | You must designate an individual or | |

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)

2組1 JBN 15 AM II: 47

| Title: "AMBR" = Authorized Member "MGR" = Manager | Name and Address: |
|---|--|
| MGR | Frederick J. Piumelli 835 22nd Street Vero Beach, FL 32960 |
| | |
| | |
| | |
| (Use attachment if necessary) | |
| ate of filing.) | ate of filing: 6/15/2021 (OPTIONAL) specific and cannot be more than five business days prior to or 90 day of meet the applicable statutory filing requirements, this date will not be l |

REOUIRED SIGNATURE:

Signature of a member or an authorized representative of a member. 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.

Frederick J. Piumelli

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

a۶