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(Requestor's N	lame)
(Address)	
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(City/State/Zip	/Phone #)
PICK-UP WA	AIT MAIL
(Business Ent	ity Name)
(Document Nu	ımber)
Certified Copies Cert	ificates of Status
Special Instructions to Filing Offic	er:

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SECRETATO OF STATE 2021 JUN 24 AM 11: 19

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 06/24/2021	⇔WALK IN
ENTITY NAME Phatboy	Sushi V, LLC
DOCUMENT NUMBER	
	PLEASE FILE THE ATTACHED AND RETURN
	Plain Copy
XXXXX	Certified Copy Certificate of Status
***	LEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY**
	Certified Copy of Arts & Amendments Certificate of Good Standing
	APOSTILLE' / NOTARIAL CERTIFICATION
COUNTRY OF DESTINATI NUMBER OF CERTIFICAT	
TOTAL OWED 130.00	ACCOUNT #: I20160000072
Please call Tina at th	e above number for any issues or concerns. Thank you so much!

COVER LETTER

	New Filing Sec Division of Co				
SURTEC	РНАТВОУ	r sushi v, llc			
300000	· • · · · · · · · · · · · · · · · · · ·	Name of Lar	nited Liabi	lity Company	
The encl	osed Articles of	Organization and fee(s) ar	e submitted	I for filing.	
Please re	turn all correspo	ondence concerning this ma	atter to the	following:	
	DANIEL P.	SOKOLOFF, CPA			
	- · · · · · · · · · · · · · · · · · · ·	···	Name of	Person	
	TAX ADVI	SORS OF SOUTH FLORI	DA		
		-	Firm/Co	ompany	
	715 E. HILL	SBORO BLVD, 2ND FLO	OOR		
			Add	ess	
	DEERFIELD	D BEACH, FL 33441			
	DSOKOLOFI	C F@TAXSOFLA.COM	ity/State ar	nd Zip Code	
		E-mail address: (to be used	for future a	innual report notificat	ion)
For further	information co	ncerning this matter, please	2 call;		
	DANIEL SO	KOLOFF	954	360 - 8477	
	Nam	at (at (at Aat (at Aat (at Aat Aat (at Aat Aat Aat Aat (at Aat Aat Aat (at Aat Aat Aat Aat (at Aat Aat Aat Aat (at Aat Aat Aat (_at	rea Code	Daytime Telephon	e Number
Enclosed	is a check for th	ne following amount:			
□\$125.0	0 Filing Fee	■\$130.00 Filing Fee & Certificate of Status	Certifi	5.00 Filing Fee & ed Copy al copy is enclosed)	□\$160,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		g Address iling Section		Street Address New Filing Section Di	ivision

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

2021 JUN 24 AM 11: 19

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- / -	N I		··	-		

The name of the Limited Liability Company is:

SECRETARY OF STATE

DULAT	じいいい	SUSH	1.37	110
THAT.	1127.71	อบอก	Ι Υ.	1.1.1

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:	Mailing Address:
2901 NE 55TH STREET	2901 NE 55TH STREET
FORT LAUDERDALE, FL 33308	FORT LAUDERDALE, FL 33308

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

DANIEL P. SOKOLOFI	E, CPA	
N	aine	
715 E. HILLSBORO BL	<u>.VD, 2ND FLR</u>	
Florida street address (P	O. Box <u>NOT</u> a	cceptable)
DEERFIELD BEACH	FI.	33441
City	State	Zip

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 phyper and complete performance of my duties, and I am familiar with and accept the obligations of my positionary registered agent as provided for in Chapter 605, F.S..

Registered Agent Signature (REQUIRED)

(CONTINUED)

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
AMBR	THEODORE H. MASER 2901 NE 55TH STREET FORT LAUDERDALE, FL 33308
	SECRETARY OF STAT
(Use attachment if necessary)	AHII: 19
(If an effective date is listed, the date must be st the date of filing.)	ne of filing: 06/23/2021 (OPTIONAL) pecific and cannot be more than five business days prior to or 90 days after meet the applicable statutory filing requirements, this date will not be listed as t of State's records.
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	· Man
Signature of a m This document is execu I am aware that any fals	nuted in accordance with section 605.0203 (1) (b), Florida Statutes, see information submitted in a document to the Department of State see felony as provided for in s.817.155, F.S.
	THEODORE MASER Typed or printed name of signer

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

Filing Fees:

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

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)