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COVER LETTER

	ew Filing Sectivision of Cor				•			
SUBJECT	2014 Fuel,							
JUDJECI	·	Name of Limited Liability Company						
The enclos	sed Articles of	Organization and fee	(s) are s	ubmitted	for filing.			
Please reti	ırn all correspo	indence concerning th	is matte	er to the f	ollowing:		7 33 33 8	202
	Stephen V. F	łoffman, Esq.					ORE1	2021 JUN 25
Name of Person							北京	25
	Olive Judd, l	P.A.					S :: 1	2
				Firm/Co	mpany		<u> </u>	2: 08
2426 East Las Olas Boulevard							·	8
	Address							
	Fort Laudere	dalc, FL 33301						
	. ~ ~ ~ .		Cit	y/State an	d Zip Code			
	shoffman@ol		used fo	or future a	mnual report notificati	ion)		
For further		ncerning this matter,				~,		
	Stephen V. F		954 at (334-2250			
	Nam	ne of Person	Are	a Code	Daytime Telephon	e Number		
Enclosed	is a check for t	he following amount:						
■\$125.00 Filing Fee □\$130.00 Filing Fee Certificate of Status			&\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)		☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
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Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability	Company is:					
2014 Fuel, LLC (Must contain	in the words "Limited L	iability Company.	"L.L.C.," or "LLC.")			
ARTICLE II - Address: The mailing address and street add						
<u>Principa</u>	l Office Address:		Mailing Address:			
12220 Alt A1A Palm Beach Gardens, FL 33410			12220 Alt A1A Palm Beach Gardens, FL 33410			
ARTICLE III - Registered Ager (The Limited Liability Company of another business entity with an ad The name and the Florida street a	cannot serve as its own to ctive Florida registration	Registered Agent. n.)	nt's Signature: You must designate an individu	SECRETARY O	2021 JUH 25 PM	11 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
Name						É
2426 East Las Olas Boulevard					2: 08	
Florida street address (P.O. Box NOT acceptable)					ω	
	Fort Lauderdale	FL	33301			
	City	State	Zip			
Having been named as registered a place designated in this certificate, further agree to comply with the proam familiar with and accept the obj	I hereby accept the appoor	oiniment as registe eldting to the prop as registered agen	red agent and agree to act in this er and complete performance of n	capacity. I ny duties, and I		

(CONTINUED)

06/25/2021 11:24 AM

ARTICLE IV-

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The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: Title: "AMBR" = Authorized Member "MGR" = Manager Mohummod Sazzad Hossain <u>MGR</u> 12220 Alt A1A Palm Beach Gardens, FL 33410 (Use attachment if necessary) (OPTIONAL) ARTICLE V: Effective date, if other than the date of filing: ___ (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. ARTICLE VI: Other provisions, if any. REQUIRED 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. Stephen V. Hoffman, Esq., authorized representative 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)