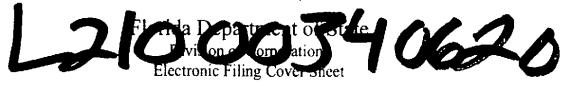
Division of Corporations



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(((H21000285662 3)))



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Fax Number : (850)617-6381

From:

Account Name : HUBCO

Account Number : 104662003400 Phone : (516)935-3940

Fax Number

: (516)935-3088

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\* TOEACCMCPAS.COM

11 Addrage	JOE@SCMCPAS.CO
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## FLORIDA LIMITED LIABILITY CO. **268 104TH AVE LLC**

Certificate of Status	ı
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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	268 104TH	AVE LLC	
(Mt	ist end with the words "Limite	ed Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and		office of the Limited Liability Company is:	
Principal Office Addres	s: Ma	iling Address:	
10930 ENDEAVOU SEMINOLE, FL 33		10930 ENDEAVOUR WAY STE E SEMINOLE, FL 33777	
· · · · · · · · · · · · · · · · · · ·			
(The Limited Liability Co		e, & Registered Agent's Signature: on Registered Agent. You must designate an individion.)	Ŋ
(The Limited Liability Co another business entity w	ompany cannot serve as its ow	vn Registered Agent. You must designate an individion.)	Ŋ
(The Limited Liability Co another business entity w The name and the Florida	ompany cannot serve as its ow with an active Florida registrat	on Registered Agent. You must designate an individual ion.)	21 JUL 2
(The Limited Liability Co another business entity w The name and the Florida	ompany cannot serve as its ow with an active Florida registrat a street address of the register	ed agent are:	21 JUL 27
(The Limited Liability Coanother business entity was The name and the Florida 1	ompany cannot serve as its ow with an active Florida registrat a street address of the register MATTHEW CHIARAVA	en Registered Agent. You must designate an individual ion.)  ed agent are:  ALLO  NOTE: The second of the second o	Ŋ

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) MATTHEW CHIARAVALLO

> > (CONTINUED)

Page 1 of 2

## H21000285662

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager AMBR	MATTHEW CHIARAVALLO
	10930 ENDEAVOUR WAY STE E
	SEMINOLE, FL 33777
AMBR	MICHAEL MAKRILOS
	10930 ENDEAVOUR WAY STE E
	SEMINOLE, FL 33777
(Use attachment if necessary)	A 2 2
LE V: Effective date, if other than the date	of filing: (OPTIONAL)
recrive date is listed, the date must be spo e of filing.)	ecific and cannot be more than five business days prior to or 90 day
. or mang.,	
LE VI: Other provisions, if any.	
•	<u> </u>
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	<u> </u>
DECIMPED SIGNATURE.	
REQUIRED SIGNATURE:	- gal -
REQUIRED SIGNATURE:	redel
Signature of a mer	mber or an authorized representative of a member.
Signature of a mer	505.0203 (1) (b), Florida Statutes, the execution of this document
Signature of a mer (In accordance with section 6 constitutes an affirmation up	mber or an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document or the penalties of perjury that the facts stated herein are true. formation submitted in a document to the Department of State