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| PICK-UP WAIT MAIL |
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SECRETARY OF STATE

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

| Phone: 850-558-1500 |
|--|
| ACCOUNT NO. : I2000000195 |
| REFERENCE : 970029 8900A |
| AUTHORIZATION: Spelle le Marie |
| COST LIMIT : \$ 125.00 |
| ORDER DATE : August 19, 2021 |
| ORDER TIME : 9:17 AM |
| ORDER NO. : 970029-005 |
| CUSTOMER NO: 8900A |
| |
| DOMESTIC FILING |
| NAME: MASLANKA INVESTMENTS 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: |

COVER LETTER

| | New Filing Se Division of Co | | | |
|-------------|---------------------------------|--|---|---|
| SUBJEC | | Investments LLC | | |
| SUBJEC | · E · | Name of Lin | nited Liability Company | |
| The encl | osed Articles of | f Organization and fec(s) are | submitted for filing. | |
| Please re | turn all corresp | ondence concerning this ma | tter to the following: | |
| | Edward Mas | slanka | | |
| | | | Name of Person | · · · · · · · · · · · · · · · · · · · |
| | | | Firm/Company | |
| | 291 Imperia | l Lane | | |
| | | | Address | |
| | Lauderdale l | By-the-Sea, FL 33308 | | |
| | webronze@a | | ity/State and Zip Code | |
| | | E-mail address: (to be used | for future annual report notificat | ion) |
| For further | information co | nccrning this matter, please | call: | |
| | Joserph M. B | Balocco, Jr. 95 | | |
| | Nan | | rea Code Daytime Telephon | ne Number |
| Enclosed | is a check for t | he following amount: | | |
| □\$125.0 | 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) |
| | Mailir | og Address | Street Address | |

New Filing Section
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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability | y Company is: | | |
|--|---|------------------|--|
| Masianka Investment | | | |
| (Must conta | in the words "Limited Liab | oility Compa | iny, "L.L.C.," or "LLC.") |
| ARTICLE II - Address: The mailing address and street ad | ldress of the principal office | e of the Lim | ited Liability Company is: |
| Principa | al Office Address: | | Mailing Address: |
| 291 Imperial Lane | | : | 291 Imperial Lane |
| Lauderdale By-the Se | a, FL 33308 | | audeerdale Bv-the-Sca, FL 33308 |
| ARTICLE III - Registered Age (The Limited Liability Company another business entity with an ad Thomame and the Florida street a | cannot serve as its own Regetive Florida registration.) | gistered Age | Agent's Signature: ent. You must designate an individual or |
| | Edward Maslanka | | |
| | | ime | |
| | 291 Imperial Lane | | |
| | Florida street address (P. | O. Box <u>NO</u> | T acceptable) |
| | Lauderdale Bv-the-Sea | FL | 33308 |
| | 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 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)

FILED
2021 AUG 20 PM 4: 50
SECRETARY OF STATE
TALLAHASSEE, FL

| <u>Title:</u> "AMBR" = / | Authorized Member | Name and Address: |
|---|---|--|
| "MGR" = Ma | anager | |
| MGR | | Edward Maslanka |
| | | 291 Imperial Lane |
| | | Lauderdale By-the-Sea. FL 33308 |
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| | ent if necessary) c date, if other than the da | ate of filing: (OPTIONAL) |
| LE V: Effective ffective date is I e of filing.) If the date insert cument's effective | e date, if other than the dilisted, the date must be ted in this block does no we date on the Departme | ot meet the applicable statutory filing requirements, this date will not be lis |
| LE V: Effective effective date is less of filting.) If the date insen | e date, if other than the dilisted, the date must be ted in this block does no we date on the Departme | specific and cannot be more than five business days prior to or 90 days a of meet the applicable statutory filing requirements, this date will not be list |
| CLE V: Effective of the control of the class of filing.) If the date insert the current's effective cle vi. Other process. | e date, if other than the dilisted, the date must be ted in this block does no we date on the Departme | specific and cannot be more than five business days prior to or 90 days a set meet the applicable statutory filing requirements, this date will not be list ent of State's records. |
| CLE V: Effective of the control of the class of filing.) If the date insert the current's effective cle vi. Other process. | te date, if other than the date isted, the date must be ted in this block does not be date on the Department rovisions, if any. SIGNATURE: | specific and cannot be more than five business days prior to or 90 days and the applicable statutory filing requirements, this date will not be list and of State's records. |
| CLE V: Effective of the control of the class of filing.) If the date insert the current's effective cle vi. Other process. | c date, if other than the date date, the date must be ted in this block does not be date on the Departme rovisions, if any. SIGNATURE: Signature of a 1 This document is exect I am aware that any fa | specific and cannot be more than five business days prior to or 90 days and the applicable statutory filing requirements, this date will not be list and of State's records. |
| TLE V: Effective ffective date is I e of filing.) If the date insert nument's effective LE VI: Other pr | c date, if other than the date date, the date must be ted in this block does not be date on the Departme rovisions, if any. SIGNATURE: Signature of a 1 This document is exect I am aware that any fa | t meet the applicable statutory filing requirements, this date will not be list and of State's records. member or an authorized representative of a member. cuted in accordance with section 605.0203 (1) (b), Florida Statutes. also information submitted in a document to the Department of State rece felony as provided for in s.817.155, F.S. |

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)