

Division of Corporations

L21000378103

Florida Department of State

Division of Corporations

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To:

Division of Corporations
Fax Number : (850)617-6381

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Account Name : HUBCO
Account Number : 104662003400
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SECRETARY OF STATE
TALLAHASSEE, FL

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

Email Address: MCESCHINI@MCESCHINIPLLC.COM

**FLORIDA LIMITED LIABILITY CO.
CARDI CUTS, LLC**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CARDI CUTS, LLC

(Must end with 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:

5400 LITTLE STREAM LANE
WESLEY CHAPEL, FL 33545

5400 LITTLE STREAM LANE
WESLEY CHAPEL, FL 33545

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:

ALEXA TIRELLI

Name

5400 LITTLE STREAM LANE

Florida street address (P.O. Box **NOT** acceptable)

WESLEY CHAPEL FL 33545

City

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..

Alexa Tirelli

Registered Agent's Signature (REQUIRED)

ALEXA TIRELLI

(CONTINUED)

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ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

AMBR

Name and Address:

ALEXA TIRELLI

5400 LITTLE STREAM LANE

WESLEY CHAPEL, FL 33545

JAMES TIRELLI

37 INDIGOT DRIVE

SLATE HILL, NY 10973

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

Alexa Tirelli

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

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

ALEXA TIRELLI

Typed or printed name of signee

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