Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000316466 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fam Number : (850) 617-6361

From:

Account Name : VCORP SERVICES, LLC

Account Number : 120080000067 Phone : (845)425-0077 Fax Number : (845)818-3588

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

Email	Address:				
E Treat	MULLESS.				

FLORIDA LIMITED LIABILITY CO.

Phoenix Strong, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	S125.00

AUG 2 5 2021

T. SCOTI

Electronic Filing Menu Corporate Filing Menu

Help

ARTICLES CHORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE	I - Name:
	C.1 12 7. 11

The name of the Limited Liability Company is:

Phoenix Strong, 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:	Mading Address:
5308 6th Way N	5308 6th Way N
Saint Petersburg, FL 33703	Saint Petersburg, FL 33703

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:

Vcorp Services, LLC	:	
	Mane	
5011 South State Ro	ad 7, Suite 106	
Florida street addres	is (P.O. Box <u>NOT</u> ac	cceptable)
Davie	FL	33314
<u>Ck</u>	State	Zip

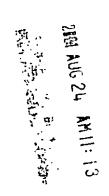
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate. Thereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all 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..

Mimi Sanik

Registered Agent's Signature (REQUERES)

(CONINUED)

Page1d2



From: Vcorp Services, LLC

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)

ïtle:		Name and Address:
AMBR" = Autho	rized Member	
MGR" = Manage	г	
MBR		DeEtte Feurtado
		5308 6th Way N
		Saint Petersburg, FL 33703
		<u></u>
		
	necessary)	
V: Effective date tive date tive date is listed filing.)	e, if other than the date of f l, the date must be specifi	iling: (OPTIONAL) c and cannot be more than five business days prior to or 90 c
V: Effective data tive date is listed filing.) ne date inserted in ent's effective da	e, if other than the date of fi l, the date must be specifi in this block does not meet te on the Department of S	c and cannot be more than five business days prior to or 90 c the applicable statutory filing requirements, this date will not be
V: Effective date tive date is listed filing.) he date inserted in	e, if other than the date of fill, the date must be specified this block does not meet te on the Department of Stions, if any.	c and cannot be more than five business days prior to or 90 c the applicable statutory filing requirements, this date will not bate 's records.
V: Effective date tive date is lister filing.) ne date inserted in ent's effective date. VI: Other provis	e, if other than the date of fill, the date must be specified this block does not meet the on the Department of Stions, if any. NATURE: Rate Signature of a member	c and cannot be more than five business days prior to or 90 c the applicable statutory filing requirements, this date will not b tate's records.
V: Effective date tive date is listed filing.) he date inserted in ent's effective date. Other provis	e, if other than the date of fil, the date must be specified this block does not meet the on the Department of Stions, if any. NATURE: Signature of a membral is document is executed it maware that any false info	c and cannot be more than five business days prior to or 90 c the applicable statutory filing requirements, this date will not be tate's records.
V: Effective date tive date is listed filing.) ne date inserted in ent's effective date. VI: Other provis	e, if other than the date of fil, the date must be specified this block does not meet the on the Department of Stions, if any. NATURE: Signature of a membris document is executed is maware that any false infinstitutes a third degree fell Racesa Ibrahim	the applicable statutory filing requirements, this date will not a tate's records. Cally of the authorized representative of a member. In accordance with section 605.0203 (1) (b), Florida Statutes. Commation submitted in a document to the Department of State

2021-08-23 21:23:15 GMT

Page 2 of 2