

**L21000444822**  
 Florida Department of State  
 Division of Corporations  
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To:

Division of Corporations  
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Account Name : HUBCO  
 Account Number : 104662003400  
 Phone : (516)935-3940  
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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: SHANELENAHANGMAIL.COM

**FLORIDA LIMITED LIABILITY CO.**

**—EVERYONE EATS LLC—**

**\*\*\* RESUBMIT \*\*\***

**EDUCATED THUG LLC**

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

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Corporate Filing Menu

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*[Handwritten signature]*



October 8, 2021

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

HUBCO

SUBJECT: EVERYONE EATS LLC  
REF: W21000134564

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We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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Matthew T Moon  
Regulatory Specialist II Supervisor  
New Filing Section

FAX Aud. #: H21000375348  
Letter Number: 521A00024552

H21000375348

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - Name:**

The name of the Limited Liability Company is:

**EDUCATED THUG 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:**5820 TOWN BAY DRIVE, APT 336  
BOCA RATON, FL 334865820 TOWN BAY DRIVE, APT 336  
BOCA RATON, FL 33486**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:

SHANE LENAHA

Name

5820 TOWN BAY DRIVE, APT 336Florida street address (P.O. Box **NOT** acceptable)BOCA RATON FL 33486

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.*



Registered Agent's Signature (REQUIRED)

SHANE LENAHA

(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

**Name and Address:**

SHANE LENAHA

5820 TOWN BAY DRIVE, APT 336

BOCA RATON, FL 33486

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

(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:**

*Shane Lenahan* 

**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.)

SHANE LENAHA

Typed or printed name of signer

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