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	From:					<u>.</u>
		Account Name	:	LEGALINC CORPORATE S	SERVICES INC.	ŗ
5	f *	Account Number	:	120180000011		•
^		Phone	:	(844)386-0178		÷
က	1 - 7 '	Fax Number	:	(214)317-4754		ċ
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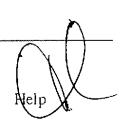
FLORIDA LIMITED LIABILITY CO.

Main and Main Palmetto LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu



To: 18506176381 From: 12147128131 Date: 12/03/21 Time: 12:32 PM Page: 02/03

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Ā	Ð.L1	CI	F	l - Name:
٠.	KI	1 L	.r. I	- (N. 11 ME)

The name of the Limited Liability Company is:

MAIN AND MAIN PALMETTO LLC

(Must conatin 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:

City

Principal Office Address:

Mailing Address:

Zip

6 NE IST AVE	NUE	6.	NE IST AVENUE	
BOCA RATON		B	OCA RATON, FL, 33432	42
				3
				-
ARTICLE III - Registered	i Agent, Registered Office,	& Registered Ag	ent's Signature:	÷ ;
(The Limited Liability Com	pany cannot serve as its own	n Registered Agen	t. You must designate an in	dividual or
	n an active Florida registrati		~	
, , , , , , , , , , , , , , , , , , ,		,		
The name and the Florida st	reet address of the registere	d agent are:		(, t' =
1	5	Ü		: :
	Jeff Sussman	<u></u>		
	Name			L. C
				r
	6 NE 1st Avenue			
	Florida street addres			
	Boca Raton	Fl.	33432	

State

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 retaing to the proper and confidence 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 Agnature (REQUIRED)

(CONTINUED)

To: 18506176381 From: 12147128131 Date: 12/03/21 Time: 12:32 PM Page: 03/03

(((H21000442133 3)))

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:	
AMBR	James Burg PO Box 781 Jupiter, FL 33468	
AMBR	Jeff Sussman 6 NE 1st Avenue Boca Raton, FL 33432	
	70 DEC	•
	<u> </u>	
(Use attachment if necessary)	MH: 02	الا
(If an effective date is listed, the date must be s the date of filing.)	the of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90 days t meet the applicable statutory filing requirements, this date will not be not of State's records.	
ARTICLE VI: Other provisions, if any.		
		
REQUIRED SIGNATURE:		
This document is execu I am awarethat any fak	nember or an authorized representative of a member. The provided in accordance with section 605.0203 (1) (b), Florida Statutes. The provided in a document to the Department of State conference of the provided for in s.817.155, F.S.	
Jeff Sussman	Typed or printed name of signee	

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)