

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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

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Account Name : HUBCO  
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Phone : (516)935-3940  
Fax Number : (516)935-3088

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

2022 JAN 31 AM 11:45

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**FLORIDA LIMITED LIABILITY CO.  
SIGNATURE PREMIER PROPERTIES 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:

**SIGNATURE PREMIER PROPERTIES 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:

6945 SE HARBOR CIRCLE  
STUART, FL 34996

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STUART, FL 34996

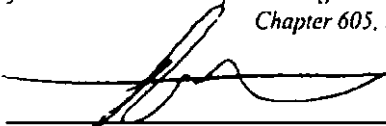
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(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:

PETER MORRIS  
Name  
6945 SE HARBOR CIRCLE  
Florida street address (P.O. Box **NOT** acceptable)  
STUART FL 34996  
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)  
PETER MORRIS

(CONTINUED)

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TALLAHASSEE, FLORIDA

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ARTICLE IV-

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

<u>Title:</u>	<u>Name and Address:</u>
"AMBR" = Authorized Member	
"MGR" = Manager	
<u>MGR</u>	PETER MORRIS
	22 BAY CREST
	HUNTINGTON BAY, NY 11743
<u>MGR</u>	KATHLEEN VIARD
	597 MAIN STREET
	NORTHPORT, NY 11768

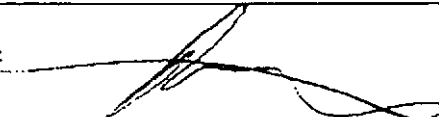
(Use attachment if necessary)

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:

  
\_\_\_\_\_  
**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.)

PETER MORRIS

Typed or printed name of signee

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STATE OF FLORIDA  
TALLAHASSEE, FLORIDA