

# L22000056187

Florida Department of State  
Division of Corporations  
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To:  
Division of Corporations  
Fax Number : (850)617-6381

From:  
Account Name : CORPOLICENSE, INC  
Account Number : I2005000118  
Phone : (305)774-9606  
Fax Number : (305)774-9660

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

Email Address: dr bucko 2000@yahoo.com

FLORIDA LIMITED LIABILITY CO.  
MISKOLCZI LLC

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**ARTICLES OF ORGANIZATION FOR  
FLORIDA LIMITED LIABILITY COMPANY  
OF  
MISKOLCZI LLC**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**ARTICLE I - NAME:**

The name of the Limited Liability Company is:

**MISKOLCZI LLC**

**ARTICLE II - ADDRESS:**

The mailing and principal address of the Limited Liability Company is:

**9850 SCRIBNER LN  
WELLINGTON, FL, 33414**

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

The Registered Agent designated is: **ATTILA BUCKO**

**ATTILA BUCKO  
9850 SCRIBNER LN  
WELLINGTON, FL, 33414**



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.

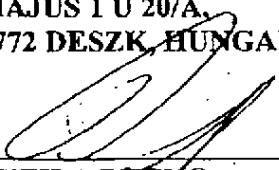
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**ARTICLE IV - Management/Member(s):**

The name and address of each Manager or Managing Member is as follows:

<b><u>TITLE:</u></b>	<b><u>NAME AND ADDRESS</u></b>
<b>MGR</b>	<b>ATTILA BUCKO 9850 SCRIBNER LN WELLINGTON, FL, 33414</b>
<b>MGR</b>	<b>MARIA MISKOLCZI MAJUS 1 U 20/A, 6772 DESZK, HUNGARY</b>

  
\_\_\_\_\_  
**ATTILA BUCKO**  
Manager

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TALLAHASSEE, FLORIDA

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(In accordance with section 605.0201, Florida Statutes,  
The execution of this document constitutes an affirmation under  
The penalties of perjury that the facts stated herein are true)

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