

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

From:
Account Name : RASI
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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: _____

FLORIDA LIMITED LIABILITY CO.
POLAND ENTERTAINMENT LLC

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

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DIVISION OF STATE
CORPORATIONS
TALLAHASSEE, FLORIDA

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Help



March 3, 2022

FLORIDA DEPARTMENT OF STATE
Division of Corporations

RASI

SUBJECT: POLAND ENTERTAINMENT LLC
REF: W22000027191

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.

The person designated as registered agent in the document and the person signing as registered agent must be the same.

Please correct the spelling of the name so it is the complete legal name for both the registered agent and authorized member.

If you have any further questions concerning your document, please call (850) 245-6052.

Summer Chatham
Regulatory Specialist II
New Filing Section

FAX Aud. #: H22000076918
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TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

POLAND ENTERTAINMENT 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:
2916 WOODCREST DR, SARASOTA, FL 34239	2916 WOODCREST DR, SARASOTA, FL 34239

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:

CHRISTIAN BOBKO
Name

2916 WOODCREST DR,
Florida street address (P.O. Box **NOT** acceptable)

SARASOTA	FL	34239
City	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, 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)

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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:

CHRISTIAN BOBKO

2916 WOODCREST DR.

SARASOTA, FL 34239

AMBR

DOROTA BOBKO

2916 WOODCREST DR.

SARASOTA, FL 34239

(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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
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.

CHRISTIAN BOBKO

Typed or printed name of signer

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)

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