Division of Corporations Electronic Filing Cover Sheet

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

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2022 MAR 28

FLORIDA LIMITED LIABILITY CO. BEHIND THE BELT, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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Corporate Filing Menu

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AIKTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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ARTICLE I - Name: The name of the Limited Liab	rility Company is:			
The name of the Entitled Bac	ning Conquing is.			
BEHIND THE B	ELT, LLC			
(Must c	ontain the words "Limited	Liability Company,	"L.L.C.," or "LLC.")	
ARTICLE II - Address:				
The mailing address and stree	et address of the principal of	office of the Limited	Liability Company is:	
Principal Office Address:			Mailing Address:	
18520 NW 67th AVE		SAN	SAME	
# 309	,, <u>-</u> -			
MIAMI, FL 330.	5			
ARTICLE III - Registered. The Limited Liability Compunother business entity with a	any cannot serve as its own an active Florida registration	n Registered Agent. ' on.) d agent are:	nt's Signature: You must designate an individual or	
		Name		
	18520 NW 67TH A	VE NO 309	<u> </u>	
	Florida street addres	ss (P.O. Box <u>NOT</u> a	cceptable)	
	MIAMI	FL	33015	
	City	State	Zip	

llaving 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..

Qoanal Oralus
Registered Agent's Signature (REQUIRED)

(CONTINUED)

2022 HAR 28 PM 3: 22

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ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: "AMBR" = Authorized Member "MGR" = Manager AMBR JOANEL ORELUS 18520 NW 67th AVE #309 MIAMI, FL 33015 AMBR KARL COUSIN 18520 NW 67th AVE #309 MIAMI, FL 33015 (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: Joanel Orelus 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. JOANEL ORELUS

Filing Fees:

Typed or printed name of signee

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

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)