

L22000146565

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

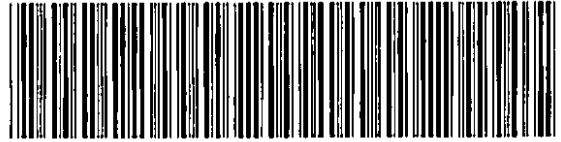
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400384758654

FILED

RECEIVED

2022 APR -4 AM 9:12

2022 APR -4 AM 10:36

SECRETARY OF STATE  
TALLAHASSEE, FL

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Sunshine State Corporate Compliance Company**

3458 Lakeshore Drive, Tallahassee, Florida 32312

(850) 656-4724

DATE 04/04/2022

**\*\*WALK IN\*\***

ENTITY NAME BUNNY IN THE HAT, LLC

DOCUMENT NUMBER \_\_\_\_\_

**\*\*PLEASE FILE THE ATTACHED AND RETURN\*\***

XXXXX

*Plain Copy*

*Certified Copy*

*Certificate of Status*

**\*\*PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY\*\***

*Certified Copy of Arts & Amendments*

*Certificate of Good Standing*

**\*\*APOSTILLE / NOTARIAL CERTIFICATION\*\***

COUNTRY OF DESTINATION \_\_\_\_\_

NUMBER OF CERTIFICATES REQUESTED \_\_\_\_\_

TOTAL OWED \$125.00

ACCOUNT #: I20160000072

*E B J/10*

Please call Tina at the above number for any issues or concerns. Thank you so much!



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 6, 2022

*Sunshine State*

**CORRECTED**  
**Please Allow For**  
**Same File Date**

SUBJECT: BUNNY IN THE HAT LLC  
Ref. Number: W22000045368

We have received your document for BUNNY IN THE HAT LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Neysa Culligan  
Regulatory Specialist III

Letter Number: 022A00007972

2022 APR -7 PM 3:17

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Bunny In The Hat LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

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TALLAHASSEE, FL

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

1023 Water Tower Way

Apt 112

Lantana, FL 33462

1023 Water Tower Way

Apt 112

Lantana, FL 33462

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:

ZenBusiness Inc.

Name

336 E. College Ave. Suite 301

Florida street address (P.O. Box **NOT** acceptable)

Tallahassee

FL

32301

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..*

/s/ Khadijeh Hemmati

Registered Agent's Signature (REQUIRED)

(CONTINUED)

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

AMBR

MICHEAL AVERETT  
1023 Water Tower Way Apt 112  
Lantana, FL 33462

AMBR

Kevin Mendelsberg  
7024 Chesapeake Circle  
Boynton Beach, FL 33436

AMBR

Deja Matos  
311 S J st  
lake worth, FL 33460

AMBR

Nyagce Dillahunt  
2117 Vinings Circle Apt.801  
Wellington, FL 33414

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**SECRETARY OF STATE**  
**TALLAHASSEE, FL**

(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.

Attachment for Article IV to include additional members

**REQUIRED SIGNATURE:**

/s/ MICHEAL AVERETT

**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.

MICHEAL AVERETT

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)**

**ARTICLE IV (attachment) -**

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

**Title: Name and Address:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Christopher Pena

5430 sunseeker blvd

Greenacres, FL 33436

AMBR

Jah'myrel Knox

3870 Max Place

Apt 103

Boynton Beach, FL 33436

AMBR

Markell Brown

211 NE 16th Ave

Boynton Beach, FL 33435

AMBR

David Saybe-Madrid

1741 SW 69th Terr North

Lauderdale, FL 33068

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TALLAHASSEE, FL**