# orida Depart

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Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : GERALD WEINBERG, P.C.

Account Number : I20030000043 Phone : (800)342-9856

Fax Number : (800)354-3381

\*\*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.

LUXURY HOMES BY FIRST IMPRESSIONS LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

T. SCOTT

APR 13 2022

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Help

# ARTICLE I - Name:

The name of the Limited Liability Company is:

# LUXURY HOMES BY FIRST IMPRESSIONS LLC

(Must contain 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:

2372 ANZA AVENUE SPRINGHILL, FLORIDA 34609 2372 ANZA AVENUE SPRINGHILL, FLORIDA 34609

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:

STEVEN ZIOBA

Name

2372 ANZA AVENUE

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

SPRINGHILL

FLORIDA

34609

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..

(CONTINUED)

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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> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
AMBR	PAUL PANAGIOTIDIS 23 MERIT LANE JERICHO. NY 11753
AMBR	STEVEN ZIOBA 2372 ANZA AVENUE SPRINGHILL FL 34609
(Use attachment if necessary)	
an effective date is listed, the date must b	date of filing:  e specific and cannot be more than five business days prior to or 90 days after not meet the applicable statutory filing requirements, this date will not be listed then of State's records.
RTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	Laurence Or Kirch
This document is ex	a member or an authorized representative of a member.  Executed in accordance with section 605.0203 (1) (b), Florida Statutes.  False information submitted in a document to the Department of State  Exerce felony as provided for in s.817.155, F.S.

Filing Feet:

Typed or printed name of signee

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

\$ 30.00 Certified Copy (Optional)

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