Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : HUBCO

Account Number : 104662003400 Phone : (516)935-3940 : (516)935-3088 Fax Number

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

Email Address:

# FLORIDA LIMITED LIABILITY CO. Blaze the Innate, LLC

Certificate of Status	1
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H22000154326

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

## Blaze the Innate, 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:

1001 North Federal Highway, Apt 7 Lake Worth Beach, FL 33460

1001 North Federal Highway, Apt 7 Lake Worth Beach, FL 33460

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:

Jillian Pesochin

Name

1001 North Federal Highway, Apt 7

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

Lake Worth Beach

FL 33460

City

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 performence 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 Agents Signature (REQUIRED)

Jillan Pesochin

(CONTINUED)

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## H22000154326

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
AMBR *	Jillian Pesochin
	1001 North Federal Highway, Apt 7
	Lake Worth Beach, FL 33460
(Use attachment if necessary)	
E V: Effective date, if other than the date ective date is listed, the date must be sp	e of filing: (OPTIONAL) secific and cannot be more than five business days prior to or 90 day
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