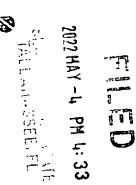
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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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11. 5/5/22

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312
(850) 656-4724

DATE 5/4/2022	
	**WALK IN*
ENTITY NAME	WinJoe Holdings LLC
DOCUMENT NUMBI	ER
	PLEASE FILE THE ATTACHED AND RETURN
XXXXXXX	Plain Copy
	Certified Copy
	Certificate of Status
	PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY
	Certified Copy of Arts & Amendments
	Certified Copy of Arts & Amendments Complete File (Including Annual Reports)
<u> </u>	Certificate of Status
	Certificate of Status Reflecting:
	APOSTILLE' / NOTARIAL CERTIFICATION
COUNTRY OF DESTIN	VATION
	CATES REQUESTED
FOTAL OWED \$_12	5.00 ACCOUNT # 120160000072
COUNTRY OF DESTINATION OF CERTIFICATION OF S. 12	Certificate of Status ***PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY** Certified Copy of Arts & Amendments Certified Copy of Arts & Amendments Complete File (Including Annual Reports) Certificate of Status Certificate of Status Reflecting: ***APOSTILLE' / NOTARIAL CERTIFICATION*** UATTON

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

RTICLE I - Name: the name of the Limited L	Liability Company is:			
				2022 MAY -4
	WinJoe F	loldings LLC		_
(Mus	st contain the words "Limited	Liability Company,	'L.L.C.," or "LLC.")	TALL MASS
RTICLE II - Address:				S CONTRACT
	treet address of the principal o	ffice of the Limited	Liability Company is:	
<u>P1</u>	rincipal Office Address:		Mailing Add	dress:
548 Broadway		548	Broadway	
Cedarhurst, N			rhurst, NY 11516	
			<u>.</u>	
he Limited Liability Cor other business entity wi	mpany cannot serve as its own ith an active Florida registration street address of the registered	n.) I agent are:	ou must designate an i	ndividual of
The Limited Liability Cornother business entity wi	th an active Florida registration	n.) I agent are:	ou must designate an i	ndividual of
The Limited Liability Cornother business entity wi	th an active Florida registration street address of the registered Platinum Agent Serv	n.) Lagent are:	ou must designate an i	ndividual oi
The Limited Liability Cornother business entity wi	th an active Florida registrationstreet address of the registered	n.) I agent are: rices LLC Name		ndividual of
The Limited Liability Cornother business entity wi	th an active Florida registration street address of the registered Platinum Agent Serve 155 Office Plaza Dr	n.) I agent are: rices LLC Name		ndividual oi
The Limited Liability Cornother business entity wi	street address of the registered Platinum Agent Serv 155 Office Plaza Dr Florida street addres	an.) d agent are: vices LLC Name s (P.O. Box NOT ac	cceptable)	ndividual oi
The Limited Liability Cornother business entity wind he name and the Florida wing been named as regisce designated in this certither agree to comply with	th an active Florida registrationstreet address of the registered Platinum Agent Serve 155 Office Plaza Dr Florida street addres Tallahassee	in.) I agent are: Fices LLC Name s (P.O. Box NOT ac FL State FL sice of process for the ointment as registere elating to the proper	zceptable) 32301 Zip above stated limited liard agent and agree to acand complete performa	bility company at the ct in this capacity. I nce of my duties, and I
nother business entity with the name and the Florida wing heen named as registive designated in this certither agree to comply with	th an active Florida registration street address of the registered Platinum Agent Serve 155 Office Plaza Dr Florida street address Tallahassee City stered agent and to accept serve ificate, I hereby accept the appointment of the provisions of all statutes residence.	in.) I agent are: Fices LLC Name s (P.O. Box NOT ac FL State FL sice of process for the ointment as registere elating to the proper	zeeptable) 32301 Zip above stated limited lia ed agent and agree to ac and complete performates s provided for in Chapte	bility company at the ct in this capacity. I nce of my duties, and I

(CONTINUED)

Title: "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager		
AMBR	Joe Lieberman 548 Broadway Cedarhurst, NY 11516	
AMBR	Yaakov Winograd 634 Atlantic Avenue Lawrence, NY 11559	202
		2022 HAY
		PH I
		ယ ထ
(Use attachment if necessary)		
fective date is listed, the date must of filing.)	be specific and cannot be more than five be not meet the applicable statutory filing request of State's records.	usiness days prior to or 90 days afte

REQUIRED SIGNATURE:

/s/ Joe Lieberman

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.

Joe Lieberman Typed or printed name of signce

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)