

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Ta:

Division of Corporations

Fax Number : (850)617-6381

From:

50

Account Name : RASI

Account Number : I20220000023

: (800)221-2972

Fax Number

: (917)243-5843

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

Email	Address:
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FLORIDA LIMITED LIABILITY CO. Fools Ship, LLC

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

Electronic Filing Menu Corporate Filing Menu

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is.		
Fools Ship, LLC		
(Must end with the words "Limited Liab	ality Company, "L.L.C.," or "L.L.C.")	
ARTICLE II - Address:		
The mailing address and street address of the principal office	of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
1211 Avenue of the Americas 40th FL	c/o Stein & Harris	
New York NY 10036	1211 Avenue of the Americas 40 FL	
	New York NY 10036	
ARTICLE III - Registered Agent, Registered Office, & Re (The Limited Liability Company cannot serve as its own Regi another business entity with an active Florida registration)	egistered Agent's Signature: Stered Agent. You must designate an individual of Frances	50661141
The name and the Florida street address of the registered aget	nt are Marc	ر -
Registered Agent Solution	is, Inc.	3
Nai	ON A	^

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..

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

State

155 Office Plaza Drive, Suite A

Tallahassee

City

(Jose Morica - Asat Sec.
(Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
AMBR	Lance G. Harris 1211 Avenue of the Americas 40th F1
	New York NY 10036
	14CW 1CRX (41 1970)0
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	<u></u>
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	SEE P
.,	RIDA NIDA
(Use attachment if necessary)	***
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affactive data is listed the data must be specific	c and cannot be more than five business days prior to or 90 days a
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If the date inserted in this block does not most	the applicable statutory filing requirements, this date will not be liste
seument's effective date on the Department of St	
CLEVE: Other provisions, if any	

Veronica Gonzalez

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.\$17 155, F.S.

Veronica Gonzalez

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)

S 5.00 Certificate of Status (Optional)