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(((H22000174067 3)))



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To:

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. CHEEKY HOSPITALITY LLC

2022 MAY 16 PM

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Page Count	02
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## (H22000174067 3)

he name of the Limite	ed Liability Company is:				
CHEEKY HOSPITALITY ILC		, <u>.</u>			
1)	Must end with the words "	Limited Liability (	Company, "L.L.C.	," or "LEC.")	
ARTICLE II - Addre	SS:				
the mailing address an	id street address of the pri	ncipal office of the	Limited Liability	Company is:	
Principal Office Addi	ress:	Mailing Address:			
			-		
360 LYTLE STREET WEST PALM BEACH, FL 334			LE STREET ALM BEACH, FL 33405		
1100111 AURI DESCRI, 1 C 301			EMI BEACH, 1 E 30403	<u>'                                      </u>	
	***************************************				
The Limited Liability inother business entity	tered Agent, Registered Company cannot serve as with an active Florida re- ida street address of the re-	its own Registered gistration.)	Agent. You mus		ıl or
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The Limited Liability another business entity	Company cannot serve as y with an active Florida regida street address of the re  NATALIE RUBIANO  380 LYTLE STREET	its own Registered gistration.) gistered agent are: Name	Agent, You mus		ul or
The Limited Liability another business entity	Company cannot serve as with an active Florida residual street address of the renature Rubiano  380 LYTLE STREET  Florida street address (Florida stre	its own Registered gistration.) gistered agent are: Name	Agent. You mus		d or
The Limited Liability another business entity  The name and the Flori  Having been named a the place designate capacity. I further a	Company cannot serve as with an active Florida regida street address of the renatalie Rubiano  380 LYTLE STREET  Florida street address (I WEST PALM BEACH	its own Registered gistration.)  gistered agent are:  Name  P.O. Box NOT acc  FL  accept service of proby accept the appointment of all status	eptable)  33405  Zip  cocess for the above intment as register tes relating to the f my position as re	e stated limited liability and agent and agree to a proper and complete pe	comp ct in t

(CONTINUED)

Page 1 of 2

	Name and Address:		
"AMBR" = Authorized Member			
"MGR" = Manager AMBR	NATALIE RUBIANO		
AMDR	360 LYTLE STREET		
	WEST PALM BEACH, FL 33405		
	<del></del>		
(Use attachment if necessary)			
CLF V: Effective date if other than the date of	filing: (OPTIONAL)		
effective date is listed, the date must be speci te of filing.)	fic and cannot be more than five business days prior to or 90 days a		
CLE VI: Other provisions, if any.			

Signature of a member or an authorized representative of a member. (In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

NATALIE RUBIANO

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)

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