

L22000 301826

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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DIV. OF CORPORATIONS
TALLAHASSEE, FLORIDA

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155 Office Plaza Dr Ste A Tallahassee FL 32301
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DATE: 07/08/22

NAME: MOBYDISH OF FLORIDA LLC

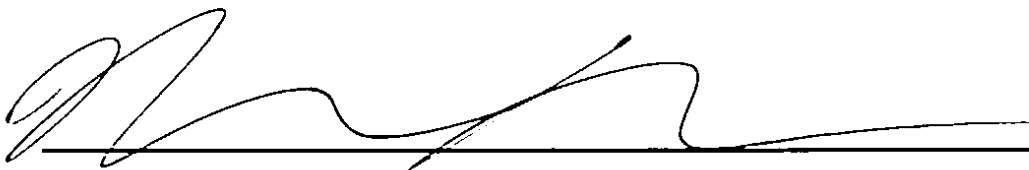
TYPE OF FILING: ARTICLES

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AUTHORIZATION: ABBIE/PAUL HODGE

A handwritten signature in black ink, appearing to be 'Paul Hodge', is written over a horizontal line.

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TALLAHASSEE, FL 32302
CLERK OF CIRCUIT COURT

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: MobyDish of Florida LLC

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Bruno Didier

Name of Person

Firm/Company

601 Brickell Key Suite 700-7318

Address

Miami, FL 33131

City/State and Zip Code

collab@motunovu.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Stephen Zagami 508 310-1001

Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|---|---|---|---|

Mailing Address

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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TALLAHASSEE, FL
DIVISION OF CORPORATIONS
STATE OF FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

MobyDish of Florida 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:

601 Brickell Key Suite 700-7318
Miami, FL 33131

Mailing Address:

32 Papile Lane Unit 4
Quincy, MA 02169

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:

Northwest Registered Agent LLC

Name

7901 4th St N STE 300

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

St. Petersburg,

FL

33702

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..



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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CLERK OF DISTRICT COURT
1ST JUDICIAL CIRCUIT
TALLAHASSEE, FL 32301

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

MGR

Bruno Didier
601 Brickell Key Suite 700-7318
Miami, FL 33131

Treasurer

Filippo Beretta
32 Papile Lane, Unit 4
Quincy, MA 02169

(Use attachment if necessary)

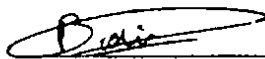
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



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.

Bruno Didier

Typed or printed name of signer

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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CLERK OF COURT
STATE OF FLORIDA
TALLAHASSEE