# 1031054

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
, Special Instructions to	Filing Officer:	
L		

Office Use Only



300390252153

22 JUL 14 PH 7: 59 1.81

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500				
ACCOUNT NO. : 12000000195				
REFERENCE: 803789 4800255				
AUTHORIZATION: Smelle Cleration				
COST LIMIT : \$ 125.00				
ORDER DATE : July 14, 2022				
ORDER TIME: 10:38 AM				
ORDER NO. : 803789-005				
CUSTOMER NO: 4800255				
DOMESTIC FILING				
NAME: FORTINBRAS HOLDINGS, LLC				
EFFECTIVE DATE:				
EFFECTIVE DATE:  ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP ARTICLES OF ORGANIZATION  PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: CERTIFIED COPY				
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:				
CERTIFIED COPY  XX PLAIN STAMPED COPY  CERTIFICATE OF GOOD STANDING				
CONTACT PERSON: Eyliena Baker - EXT.				

EXAMINER'S INITIALS:

# **COVER LETTER**

TO:	New Filing Se Division of Co					
SUBJE	T: <u>Fortinbras Holdings, LLC</u> Name of Limited Liability Company					
The enc	losed Articles o	f Organization and fee(s	s) are submitted for filing.			
Please re	eturn all corresp	ondence concerning thi	s matter to the following:			
			Joseph Laws Name of Person			
	<u>.</u>	<del></del>	Firm/Company			
	105 East 34th Street, Suite 119 Address					
			New York, NY 10016 City/State and Zip Code			
		E-mail address: (to b	Joseph.w.laws@gmail.com be used for future annual report no	tification)		
For furth	ner information	concerning this matter,	please call:			
Joseph Lawsat (773)418-4102Name of PersonArea CodeDaytime Telephone Number		02 ne Telephone Number	10 /11			
Enclosed	d is a check for	the following amount:			ó,	
□ \$125	.00 Filing Fee	□ \$130.00 Filing Fee Certificate of Status	& = \$155.00 Filing Fee & Certified Copy (additional copy is enclosed	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enc		
	<u>Mailin</u> New F	g Address iling Section	Street Address New Filing Section D	rivision		

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

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Co	empany is:				
Fortinbras Holdings, LL	.C				
Must contain	the words "Limited Liabil	ity Company, "L.L	C., for "LLC.")		
ARTICLE II - Address: The mailing address and street addres	s of the principal office of	the Limited Liabil	lity Company is:		
Principal (	Office Address:		Mailing Addres	<u>s:</u>	
105 East 34th Street, Suite 119 NY, NY 10016		Same	Same		
ARTICLE III - Registered Agent, I (The Limited Liability Company can entity with an active Florida registrati	not serve as its own Regist			lual or another business	
The name and the Florida street addre	ess of the registered agent a	are:			
	Corporation Service	ce Company Name			
	1201 Hays Street				
	Florida street addre	ess P.O. Box <u>NOT</u>	acceptable		
	Tallahassee		FL	32301	
	City		State	Zip	
Having been named as registered age designated in this certificate, I hereby comply with the provisions of all stati accept the obligations of my position	accept the appointment a stes relating to the proper as registered agent as pro Corporation Serv By	is registered agent and complete perfo vided for in Chapto ice Company	and agree to act in this of ormance of my duties, and er 605, F.S  Assistant Vice Provident	capacity. I further agree to nd I am familiar with and	
	Regist	ered Agent's Signa	attire (REQUIRED)		

(CONTINUED)

### ARTICLE IV-

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager MGR	Joseph Laws
AMBR	Joseph Laws
(Use attachment if necessary)	
(If an effective date is listed, the da 90 days after the date of filing.) <u>Note:</u> If the date inserted in this blo	r than the date of filing:
ARTICLE VI: Other provisions, if	any.
<u>REQUIRED</u> SIGNATUR	E: MF

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.

Joseph Laws

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)

22 JUL 14 PM 7:5

# COVER LETTER

TO:	New Filing Se- Division of Co						
SUBJE	CT: Fortinbras		Name of	Limited Liabilit	y Company		
The enc	closed Articles o	f Organization and	l fee(s) a	are submitted for	filing.		
Please r	return all corresp	ondence concerni	ng this m	natter to the follo	wing:		
				Joseph I Name of			
				Firm/Co	mpany		
					East 34th Street Iress	, Suite 119	
				Auc	iress		
				New York, N City/State an			<del></del>
		E-mail address		oseph.w.laws@s		fication)	
For furt	her information	concerning this m	atter, ple	ease call:			
	Jose Name of P	ph Laws Person	at (	773 Area Code	) 418-410 Daytime	2 : Telephone Number	
Enclose	d is a check for	the following amo	unt:				
□\$125	5.00 Filing Fee	□ \$130.00 Filing Certificate of St		□ \$155.00 Fil Certified Cop (additional co		□ \$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is end	:losed)
	New Fi Divisio	g Address iling Section on of Corporations		New Fi The Ce	Address ling Section Din ntre of Tallahas	see	22 JUL 14
P.O. Box 6327 Tallahassee, FL 32314			2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				