

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
 Fax Number : (850)617-6381

From:

Account Name : FL PATEL LAW PLLC
 Account Number : I20170000097
 Phone : (727)279-5037
 Fax Number : (727)888-1294

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

Email Address: Morris.Timira@gmail.com

FLORIDA LIMITED LIABILITY CO.

Finalbyte, LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

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 DIVISION OF CORPORATIONS
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COVER LETTER

Monday, July 25, 2022

To: New Filing Section
Division of Corporations

Subject:
Finalbyte, 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:

FL Patel Law PLLC
360 Central Avenue
8th Floor
St. Petersburg, Florida 33701
Fax: 727-888-1294

For further information concerning this matter, please call or e-mail:
Ada Reyes 727-279-5037 or e-mail at Support@flpatellaw.com

Enclosed is our fax filing coversheet for \$130 for Filing Fee and Certificate of Status

FL Patel Law PLLC

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SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLES OF ORGANIZATION
FOR
FINALBYTE, LLC
A FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I.
Name

The name of the Limited Liability Company is: Finalbyte, LLC (the “Company”).

ARTICLE II.
Address

The principal office and mailing address of the Company is:

9451 Eden Manor
Parkland, FL 33076

ARTICLE III.
Registered Agent, Registered Office, & Registered Agent’s Signature

The name and the Florida Street Address of the Registered Agent are:

Timothy Ira Morris
9451 Eden Manor
Parkland, FL 33076

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.



Timothy Ira Morris

(sign)

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ARTICLE IV.
Authorized Members and Managers

The Name and Address of each person authorized to manage and control the Limited Liability Company:

<u>Title</u>	<u>Name and Address</u>
AMBR = Authorized Member MGR = Manager	
<u>MGR</u>	Timothy Ira Morris 9451 Eden Manor Parkland, FL 33076

ARTICLE V.

The Effective date shall be the date of filing.


 _____ (sign)

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.

Timothy Ira Morris

 Authorized Representative/Member

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