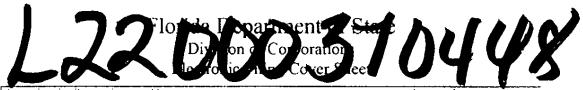
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Division of Corporations



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(((H22000286153 3)))



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Phone : (516)935-3940 Fax Number : (516)935-3088

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SHECANCER.ORG@GMAIL.COM

FLORIDA LIMITED LIABILITY CO.

SHECANcer LLC

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H22000286153

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	SHECANO						
(Must end with t	he words "Limit	ed Liability (Jompany, "L.I	C.," or "LLC	.")		
ARTICLE II - Address: The mailing address and street address	s of the principa	l office of the	: Limited Liab	ility Company	is:		
Principal Office Address:	Ms	iling Addres	<u>is:</u>				
125 35th Avenue N			5th Avenu		····		
St Petersburg, FL 33704		StPe	tersburg, F	L 33704			
(The Limited Liability Company cannanother business entity with an active The name and the Florida street address	Florida registra	tion.)	J	nust designate	an individua	ai or	
Maria Allei							
	Nai	me					
125 35th A	Avenue N Laddress (P.O. E	Sox NOT acc	entable)				
St Petersb			33704				
Ot reterab	City	FL	Zip				
					itad liability	company	at
Having heen named as registered age the place designated in this certific capacity. I further agree to comply v of my duties, and I am familiar with	ate, I hereby acc with the provision h and accept the Ch	cept the appoins of all statu obligations of apter 605, F.	ntment as regi tes relating to i f my position a	stered agent an the proper and	nd agree to a complete pe	ect in this erformane ded for in	ce
the place designated in this certific capacity. I further agree to comply v of my duties, and I am familiar with	cate, I hereby acc with the provision h and accept the	cept the appoins of all statu obligations of apter 605, F.	ntment as regi tes relating to t f my position a S.	stered agent an the proper and	nd agree to a complete per sent as provide STALLARD	ect in this erformane ded for in 22 AUG	ce
the place designated in this certific capacity. I further agree to comply v of my duties, and I am familiar with	ate, I hereby according to the provision of accept the Ch. Maria	cept the appoins of all statu obligations of apper 605, F Aller gnature (REQ	ntment as regi tes relating to t f my position a S.	stered agent an the proper and	nd agree to a complete pe gent as provid	nct in this erformance ded for in 22 AUG 24	
the place designated in this certific capacity. I further agree to comply v of my duties, and I am familiar with	eate, I hereby according to the provision of and accept the Ch. Maria ered Agent's Sig	cept the appoints of all statu obligations of apter 605, F Aller gnature (REQ	ntment as regi tes relating to t f my position a S.	stered agent an the proper and	nd agree to a complete per sent as provide STALLARD	ect in this erformane ded for in 22 AUG	ce

H22000286153

<u>Fitle:</u>	Name and Address:
AMBR" = Authorized Member	
MGR" = Manager AMBR	Maria Aller
71171011	125 35th Avenue N
	St Petersburg, FL 33704
	
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• •	e date of filing: (OPTIONAL)
V: Effective date, if other than the	e date of filing:
V: Effective date, if other than the ctive date is listed, the date must filling.)	e date of filing: (OPTIONAL) be specific and cannot be more than five business days prior to or 90 day
V: Effective date, if other than the ctive date is listed, the date must filling.)	
V: Effective date, if other than the tive date is listed, the date must filling.) VI: Other provisions, if any.	be specific and cannot be more than five business days prior to or 90 day
CV: Effective date, if other than the ctive date is listed, the date must filling.) EVI: Other provisions, if any. REQUIRED SIGNATURE:	be specific and cannot be more than five business days prior to or 90 day Maria Aller
CV: Effective date, if other than the tive date is listed, the date must filling.) CVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of (In accordance with se	Maria Aller Ta member or an authorized representative of a member.
V: Effective date, if other than the tive date is listed, the date must filling.) VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of (In accordance with seconstitutes an affirma I am aware that any firms.)	Maria Aller Ta member or an authorized representative of a member. To it ion under the penalties of perjury that the facts stated herein are frue. The information submitted in a document to the Department of State. The information are provided for in s.817.155, F.S.)
V: Effective date, if other than the tive date is listed, the date must filling.) VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of (In accordance with seconstitutes an affirma I am aware that any firms.)	Maria Aller Ta member or an authorized representative of a member. To ction 605.0203 (1) (b), Florida Statutes, the execution of this document to under the penalties of perjury that the facts stated herein are true. The construction submitted in a document to the Department of State.

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