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Florida Department of State  
Division of Corporations  
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To:  
Division of Corporations  
Fax Number : (850)617-6381

From:  
Account Name : HUBCO  
Account Number : 104662003400  
Phone : (516)935-3940  
Fax Number : (516)935-3088

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

Email Address: UEGRILLC@GMAIL.COM

2022 AUG 26 PM 2: 48

RECEIVED  
DIVISION OF CORPORATIONS

FLORIDA LIMITED LIABILITY CO.  
ILLMATIC NATION LLC

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

22 AUG 26 PM 12: 35  
FILED  
CORPORATION DIVISION  
TALLAHASSEE, FLORIDA

H22000289733

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

**ILLMATIC NATION LLC**

(Must end with 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:

Mailing Address:

11651 SW 26TH CT  
DAVIES, FL 33330

11651 SW 26TH CT  
DAVIES, FL 33330

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:

JUAN MONEGRO

Name

11651 SW 26TH CT

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

DAVIES

City

FL 33330

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..*

JUAN MONEGRO

Registered Agent's Signature (REQUIRED)

**JUAN MONEGRO**

(CONTINUED)

Page 1 of 2

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22 AUG 26 PM 12:35  
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**ARTICLE IV-**

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

Title:  
"AMBR" = Authorized Member  
"MGR" = Manager  
AMBR

Name and Address:

JUAN MONEGRO  
11651 SW 26TH CT  
DAVIES, FL 33330

AMBR

D J BAUTISTA  
11651 SW 26TH CT  
DAVIES, FL 33330

AMBR

MARIO FLORES  
11651 SW 26TH CT  
DAVIES, FL 33330

(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.)

**ARTICLE VI:** Other provisions, if any.

\_\_\_\_\_  
\_\_\_\_\_

**REQUIRED SIGNATURE:**

*JUAN MONEGRO*

**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.)

JUAN MONEGRO

Typed or printed name of signee

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TALLAHASSEE, FLORIDA