

L22000308187317  
Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

((H22000308187 3))



H220003081873ABC+

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

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

From:

Account Name : GERALD WEINBERG, P.C.  
Account Number : I20030000043  
Phone : (800)342-9856  
Fax Number : (800)354-3381

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

Email Address: \_\_\_\_\_

**FLORIDA LIMITED LIABILITY CO.  
3XACHARM LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

2022 SEP -7 PM 1:56

FILED

2022 SEP -7 AM 7:17  
STATE OF FLORIDA  
DIVISION OF CORPORATIONS

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

CH22-000 308 1871 -

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

3xacharm 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:

9001 Collins Ave. Apt. 303

9001 Collins Ave. Apt. 303

Surfside, FL 33154

Surfside, FL 33154

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:

Incorporating Services, Ltd.

Name

1540 Glenway Drive

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

Tallahassee

City

FL 32301

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.*

/s/ Melissa A. Moreau

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

2022 SEP -7 AM 7:17  
OFFICE OF STATE  
CLERK OF FLORIDA

FED

CH22-000 308 1873

CH22-000 308 1873,

**ARTICLE IV-**

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

<u>Title: "AMBR" = Authorized Member "MOR" = Manager</u>	<u>Name and Address:</u>
<u>AMBR</u>	David Susser 9001 Collins Ave. Apt. 303 Surfside, FL 33154
<u>AMBR</u>	Marla Susser 9001 Collins Ave. Apt. 303 Surfside, FL 33154
<u></u>	<u></u>
<u></u>	<u></u>

(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:**

*[Handwritten Signature]*  
 \_\_\_\_\_  
 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.)

David Susser  
\_\_\_\_\_  
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)

2022 SEP - 7 AM 7: 17  
 DEPARTMENT OF STATE  
 TALLAHASSEE, FLORIDA  
 FILED

(CH22-000 308 1873)