

L22000427511

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

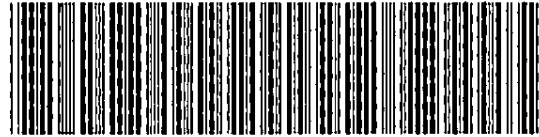
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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S. CHATHAM
OCT - 4 2022

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
22 OCT - 4, PM 3:45

To Whom It May Concern,

I, Orlando Vazquez, am the owner and operator of Phaze One, Inc. Corporate document number ~~P03000040475~~ have no intentions of revoking the dissolution and I want to start a new LLC. The new LLC will be called Phaze One, LLC of which I will be the owner and operator also.

Thank you,

Orlando Vazquez

 10/4/2022

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DIVISION OF CORPORATIONS
22 OCT -4 PM 3:01

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Phaze One, LLC

(Must contain 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:

Phaze One, LLC

615-1 Railroad Square

Tallahassee, FL, 32310

Mailing Address:

Phaze One, LLC

615-1 Railroad Square

Tallahassee, FL, 32310

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:

Orlando Vazquez

Name

615-1 Railroad Square

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

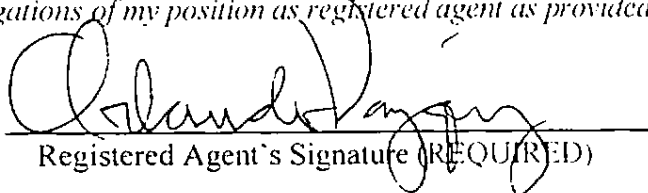
Tallahassee

FL 32310

City

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..


Registered Agent's Signature (REQUIRED)

(CONTINUED)

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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

MGR

Name and Address:

Orlando Vazquez

615-1 Railroad Square

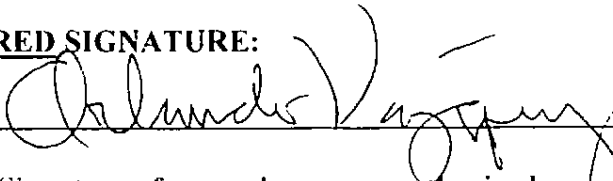
Tallahassee, FL, 32310

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(Use attachment if necessary)

ARTICLE V: Other provisions, if any.

REQUIRED SIGNATURE:



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.

Orlando Vazquez

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)