10/25/22, 1:16 PM

Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : I20000000146

Phone

: (305)444-4994

Fax Number

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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. HONEY IN THE HILLS LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

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Corporate Filing Menu

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

HONEY IN THE HULLS LLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "L.L.C.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Malling Address:	
800 BRICKELL AVE		
STE 525	SAME	
MIAMI, FL 33131		

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:

MAURICIO TORO		
	Name	
800 BRICKELL AV	E STE 525	
Florida street addre	ss (P.O. Box <u>NOT</u> ac	cceptable)
MIAMI	FL	33131
City	Stato	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.

/sf Mauricio Toro
Registered Agent's Signature (REQUIRED)

(CONTINUED)

To:

Title: "AMBR" □ Authorized Member "MGR" = Manager	Name and Address;	
<u>MGR</u>	PODIUM INTERNATIONAL GROUP CORP 800 BRICKFLL AVE STE 525 MIAMI, FL 33131	
AMBR	FREEDY DECUSTER 1600 SPRUCE AVE WINTER PARK, FL 32789	
AMBR	KAMILA SOUKALOVA 4501 S HOME FOREST VIEW. IL 60402	
	· · · · · · · · · · · · · · · · · · ·	
(Use attachment if necessary)		
If an effective date is listed, the date must be s he date of filing.)	te of filing:	-
RTICLE VI: Other provisions, if any.		::
		<u>_</u>
REQUIRED SIGNATURE:	1744	
Signature of a n	Mauricio Toro nember or an authorized representative of a member. uted in accordance with section 605.0203 (1) (5), Florida Statutes.	
I am aware that any fal-	se information submitted in a document to the Department of State ce felony as provided for in s.817.155, F.S.	

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)