11/9/22, 3:26 PM



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.

(((H22000383756 3)))



H220003837563ABC3

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 : 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: SAMANTHABRAZEN@GMAIL.COM

FLORIDA LIMITED LIABILITY CO.

Samantha Brazen, LMHC, LLC

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

Electronic Filing Menu Corporate Filing Menu

Help



DocuSign Envelope ID: 989255C2-521B-4DDA-9396-BE2EB12BA6DF

H22000383756

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

(Must end with the wo	rds "Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the	e principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
Principal Office Address: 12937 Southwest 29th Street	Mailing Address: 12937 Southwest 29th Street

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:

Samantha Brazen		
	Name	
12937 Southwest 2	29th Street	
Florida street address (P	O. Box NOT acceptable)	-1
Miramar	FL 33027	1
City	Zip	۷.

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)

Samantha Brazen

(CONTINUED)

Page 1 of 2

DocuSign Envelope ID: 9B9255C2-521B-4DDA-9396-BE2EB12BA6DF

H22000383756

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager AMBR	Samantha Brazen
	12937 Southwest 29th Street
	Miramar, FL 33027
· · · · · · · · · · · · · · · · ·	,
	······································
/* to	
(Use attachment if necessary)	
•	
ICLE V: Effective date, if other than the da	ate of filing: (OPTIONAL)
ICLE V: Effective date, if other than the da effective date is listed, the date must be	ate of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90 or
ICLE V: Effective date, if other than the da effective date is listed, the date must be	specific and cannot be more than five business days prior to or 90 o
CLE V: Effective date, if other than the date effective date is listed, the date must be sate of filing.)	specific and cannot be more than five business days prior to or 90 c
ICLE V: Effective date, if other than the date effective date is listed, the date must be sate of filling.)	specific and cannot be more than five business days prior to or 90 c
CLE V: Effective date, if other than the date effective date is listed, the date must be site of filling.)	specific and cannot be more than five business days prior to or 90 c
ICLE V: Effective date, if other than the date effective date is listed, the date must be sate of filling.)	ate of filing:
ICLE V: Effective date, if other than the date effective date is listed, the date must be sate of filling.)	specific and cannot be more than five business days prior to or 90 c
CLE V: Effective date, if other than the date effective date is listed, the date must be attended to the effective date in the date of filling.) CLE VI: Other provisions, if any.	specific and cannot be more than five business days prior to or 90 c
CLE V: Effective date, if other than the date effective date is listed, the date must be site of filling.)	specific and cannot be more than five business days prior to or 90 c
CLE V: Effective date, if other than the date effective date is listed, the date must be attended of filling.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE:	specific and cannot be more than five business days prior to or 90 c
CLE V: Effective date, if other than the date effective date is listed, the date must be state of filling.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE:	Docusigned by: Samanha Brayen 628381586868741A Description of a member.
CLE V: Effective date, if other than the date effective date is listed, the date must be attended to filling.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a regular of the content of the con	Docusigned by: Samantha Brayen Beast 156685541A member or an authorized representance of a member. on 605.0203 (1) (b), Florida Statutes, the execution of this document
CLE V: Effective date, if other than the date effective date is listed, the date must be at the of filling.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a regular of the constitutes an affirmation constitutes an affirmation.	Docusigned by: Samantha Brayen Decade 36886541A member or an authorized representative of a member. on 605.0203 (1) (b), Florida Statutes, the execution of this document in under the penalties of perjury that the facts stated herein are true.
CLE V: Effective date, if other than the date effective date is listed, the date must be inte of filling.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a regular of the constitutes an affirmation I am aware that any false	Docusigned by: Samaulua Evayeu Designed by: Samaulua Evayeu Designed by: The member or an authorized representative of a member. The on 605.0203 (1) (b), Florida Statutes, the execution of this document in under the penalties of perjury that the facts stated herein are true. The information submitted in a document to the Department of State
ICLE V: Effective date, if other than the date effective date is listed, the date must be at ate of filing.) ICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a reaction constitutes an affirmation I am aware that any false	Docusioned by: Samanhua Evaren Desired Formation Evaren Desired Season 1500 September of a member. Desired Statutes, the execution of this document of under the penalties of perjury that the facts stated herein are true. Enformation submitted in a document to the Department of State of felony as provided for in s.817.155, F.S.)
ICLE V: Effective date, if other than the date effective date is listed, the date must be attended at a filling.) ICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a regular of a regular constitutes an affirmation I am aware that any false	Docusigned by: Samaulua Brayen Description of a member. The member of an authorized representative of a member. The member of authorized representative of this document of the penalties of perjury that the facts stated herein are true, information submitted in a document to the Department of State

Page 2 of 2