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(Re	equestor's Name)	
(Ac	idress)	
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Ві	usiness Entity Nar	ne)
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CADE THE CORPORATIONS

BIVISION OF CORPORATIONS

TALLAMANSEE, FLORIDA

2022 NOV 30 AH II: 2.

COVER LETTER

	ew Filing Sectivision of Cor					
SUBJECT	Bizy Signal	LLC				
SUBJECT	•	Nar	ne of Lim	ited Liabil	ity Company	
The enclos	sed Articles of (Organization and	fee(s) are	submitted	for filing.	
Please retu	ırn all correspo	ndence concernin	g this mat	tter to the	following:	
	Herman Mos	kowitz				
				Name of	Person	
	Herman Mos	kowitz CPA PA				
				Firm/Co	ompany	<u> </u>
	3850 Hollyw	ood Blvd., #204				
				Add	ress	
	Hollywood, l	FL 33021				
			Ci	ity/State at	nd Zip Code	
		skowitzepa.com E-mail address: (to	be used	for future	annual report notificati	 υn)
For further	information co	ncerning this matt	er, please	call:		
	Herman Mos	kowitz	95 at (4	983-6500	_
	Nam	e of Person	Aı	rea Code	Daytime Telephone	
Enclosed	is a check for th	ne following amo	unt:			
□\$125.0	0 Filing Fee	□\$130.00 Filin Certificate of \$		Certif	55.00 Filing Fee & lied Copy hal copy is enclosed)	☐\$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	New F Division	ng Address iling Section on of Corporation ox 6327	S		Street Address New Filing Section Di The Centre of Tallaho 2415 N. Monroe Street	issee

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Bizy Signal LLC			
(Must con	tain the words "Limited Liabil	lity Company, "L.L.C.," or "LLC.")	
RTICLE II - Address:			
	address of the principal office	of the Limited Liability Company is:	
<u>Princip</u>	oal Office Address:	<u>Mailing Address</u> :	
Herman Moskowitz	CPA PA	Herman Moskowitz CPA PA	
3850 Hollywood Bl	vd., #204	3850 Hollywood Blvd., #204	
Hollywood, FL 33021		2020 (1011) # 002 31 (41 # 20 1	
RTICLE III - Registered Ag	gent, Registered Office, & Re	Hollywood, FL 33021 egistered Agent's Signature:	
RTICLE III - Registered Ag	gent, Registered Office, & Re y cannot serve as its own Regi active Florida registration.)	Hollywood, FL 33021 egistered Agent's Signature: stered Agent. You must designate an individual o	
RTICLE III - Registered Ag The Limited Liability Compan nother business entity with an	gent, Registered Office, & Re y cannot serve as its own Regi active Florida registration.)	Hollywood, FL 33021 egistered Agent's Signature: stered Agent. You must designate an individual o	
RTICLE III - Registered Ag The Limited Liability Compan nother business entity with an	gent, Registered Office, & Re y cannot serve as its own Regi active Florida registration.) address of the registered ager	Hollywood, FL 33021 egistered Agent's Signature: stered Agent. You must designate an individual o	
RTICLE III - Registered Ag The Limited Liability Compan nother business entity with an	gent, Registered Office, & Re y cannot serve as its own Regi active Florida registration.) address of the registered ager Herman Moskowitz	Hollywood, FL 33021 egistered Agent's Signature: stered Agent. You must designate an individual o nt are:	
RTICLE III - Registered Ag The Limited Liability Compan nother business entity with an	gent, Registered Office, & Re y cannot serve as its own Regi active Florida registration.) address of the registered ager Herman Moskowitz	Hollywood, FL 33021 egistered Agent's Signature: stered Agent. You must designate an individual o nt are:	
RTICLE III - Registered Ag The Limited Liability Compan nother business entity with an	gent, Registered Office, & Re y cannot serve as its own Regi active Florida registration.) address of the registered ager Herman Moskowitz Nar 3850 Hollywood Blvd., #2	Hollywood, FL 33021 egistered Agent's Signature: stered Agent. You must designate an individual o nt are:	

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 if Chapter 605, F.S..

Registered Agent's Signature (RAQUIRED

(CONTINUED)

DIVISION OF CORPORATIONS

ARTICLE IV-

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

"AMBR" = Authorized Member "MGR" = Manager MGR	<u>Title:</u>	harinad Masshar	Name and Address:
(Use attachment if necessary) E. V: Effective date, if other than the date of filing: (OPTIONAL) (Extremely a state of the date must be specific and cannot be more than five business days prior to or 90 day of filing.) (In the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be lument's effective date on the Department of State's records. E. VI: Other provisions, if any. REOUIRED 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 fast information promitted from the Department of State constitutes a thirt degree felony he provided for in s. 817.1.55 (F.S.) Typed or perited nanut of signer Filing Fees \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certified Copy (Optional)			
(Use attachment if necessary) E. V. Effective date, if other than the date of filing: (OPTIONAL) E. V. Effective date, if other than the date of filing: (OPTIONAL) Feetive date is listed, the date must be specific and cannot be more than five business days prior to or 90 day of filing.) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be imment's effective date on the Department of State's records. E. VI: Other provisions, if any. REOURED SIGNATURE: Signature of a member or an authorized representative of Amember. This document is executed in accordance with section 605.0283 (1) (b), Florida Statutes. I am aware that any flash information authorized are document to the Department of State constitutes a third degree felony has provided for in s. 817, 1854 F. S. Typed or printed name of signey Filling Fees \$125.00 Filling Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certified Copy (Optional)		_	D UCDINA
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(Use attachment if necessary) E. V.: Effective date, if other than the date of filing:			Hollywood, FL 33021
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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 authorized provided for in s. 817.183/F.S. Typed or pented name of signey Filing Fees. \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)	(Use attachmen	t if necessary)	
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Typed or panted name of signer Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)	-	This document is exect I am aware that any fall	uted in accordance with section 605.0203 (1) (b), Florida Statutes. Se information automitied in a document to the Department of State
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\$ 30.00 Certified Copy (Optional)	#135 00 EU	V Ros for Autistic 60	Filing Fees
\$ 5.00 Certificate of Status (Optional)			