

L22000527740

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

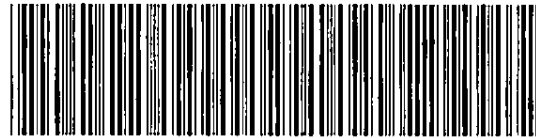
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DATE: 12/16/22

NAME: SILENT NOISE ENTERPRISE 2 LLC

TYPE OF FILING: ARTICLES

COST: 125.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Silent Noise Enterprise 2 LLC

(Must contain the words "Limited Liability Company," "LLC," 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:

6422 WaterCrest Way #201
Lakewood Ranch, FL 03202

6422 WaterCrest Way #201
Lakewood Ranch, FL 03202

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:

Registered Agents Legal Services, LLC

Name

155 Office Plaza Drive, suite A

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

Tallahassee

FL

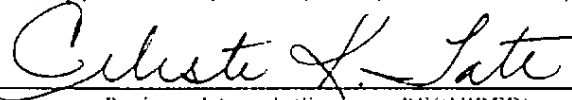
32301

City

State

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)

RECEIVED
SECRETARY OF STATE
JAN 16 2019
TALLAHASSEE, FLORIDA

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

AMBR

Robert V. McLaughlin
6422 WaterCrest Way #201
Lakewood Ranch, FL 33202

AMBR

Arthur Elwood CPA
630 Rt 70 West
Cherry Hill, NJ 08002

ARTICLE VI: Other provisions, if any.

SIGNATURE: Arthur D. Edwards

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.

ARTHUR D. ELLWOOD

Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

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