

L22000529642

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

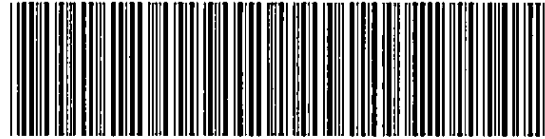
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900398931949

S. CHATHAM
DEC 14 2022

FILED
CLERK OF SUPERIOR COURT
CHATHAM COUNTY, MASSACHUSETTS
2022 DEC 15 PM 4:45

2022 DEC 15 PM 4:45

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: SALT UNLIMITED HOLDINGS, LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

KEVIN S. O'NEAL

Name of Person

Firm/Company

1515 SE 17TH STREET, SUITE NO. A-113

Address

FORT LAUDERDALE, FL 33316

City/State and Zip Code

KEVIN@SALTH2OCUSTOMTACKLE.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOSEPH M. BALOCCO JR. 954 530-4731
Name of Person at () Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 261758 8900A

AUTHORIZATION : *Eylien Baker*

COST LIMIT : \$ 125.00

ORDER DATE : December 19, 2022

ORDER TIME : 2:52 PM

ORDER NO. : 261758-005

CUSTOMER NO: 8900A

DOMESTIC FILING

NAME: SALT UNLIMITED HOLDINGS, LLC

EFFECTIVE DATE:

____ ARTICLES OF INCORPORATION
____ CERTIFICATE OF LIMITED PARTNERSHIP
XX ____ ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX ____ PLAIN STAMPED COPY
____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker - EXT.

EXAMINER'S INITIALS: _____

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SALT UNLIMITED HOLDINGS, 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:

1515 SE 17TH STREET
SUITE NO. A-113
FORT LAUDERDALE, FL 33316

Mailing Address:

1515 SE 17TH STREET
SUITE A-113
FORT LAUDERDALE, FL 33316

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:

KEVIN S. O'NEAL

Name

1515 SE 17TH STREET, SUITE NO. 1-113

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

FORT LAUDERDALE FL 33316
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..

DocuSigned by:



FC21027FAC70430...

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

AMBR

MICHELANGELO MOZZICATO
1005 SE 8TH STREET
FORT LAUDERDALE, FL 33316

AMBR

KEVIN S. O'NEAL
1515 SE 17TH STREET, SUITE NO. A-113
FORT LAUDERDALE, FL 33316

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: 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.

KEVIN S. O'NEAL

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)