Division of Corporations Electronic Filing Cover Sheet

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.

(((H23000016920 3)))



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 this business entity to be used for this annual report mailings. Enter only one email address pleases

Email Address: BATTLETESTEDEIGHT@GMAIL.COM

FLORIDA LIMITED LIABILITY CO.

Animezon LLC

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

Electronic Filing Menu

Corporate Filing Menu

Help

T. BURGH JAN 1 7 2023

DocuSign Envelope ID: C7518E0D-91AA-4ECB-BE98-AED71E201F01

H23000016920

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is: **Animezon LLC** (Must end with 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: Mailing Address: 17677 63rd Road North 17677 63rd Road North Loxahatchee, FL 33470 Loxahatchee, FL 33470 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: Stephen J Bobinchuck Name 17677 63rd Road North Florida street address (P.O. Box NOT acceptable) Loxahatchee

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)

DocuSigned by:

Stephen J Bobinchuck

(CONTINUED)

Page 1 of 2

DocuSign Envelope ID: C7518E0D-91AA-4ECB-BE98-AED71E201F01

H23000016920

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager AMBR	Stephen J Bobinchuck	
	17677 63rd Road North Loxahatchee, FL 33470	
AMBR	Eric T Bobinchuck	
	17677 63rd Road North Loxahatchee, FL 33470	
	A SE C	tene ,
	AND THE TENT	1
	SEA	
	E P	
(Use attachment if necessary)	DE I	
	of filing:	ys afi
an effective date is listed, the date must be spec-		ys aft
an effective date is listed, the date must be specedate of filing.) ETICLE VI: Other provisions, if any.	cific and cannot be more than five business days prior to or 90 da	ys aft
an effective date is listed, the date must be speed date of filing.)		ys af
an effective date is listed, the date must be spectate of filing.) ETICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a men (In accordance with section 6) constitutes an affirmation un I am aware that any false info	cific and cannot be more than five business days prior to or 90 da	ys at