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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6381

From: Account Name : HUBCO
Account Number : 104662003400
Phone : (516)935-3940
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Email Address: ACORREA9@HOTMAIL.COM

SECRETARY OF STATE
TALLAHASSEE
FLORIDA

23 JAN 27 PM 4:49

7 PM 4:12

FLORIDA LIMITED LIABILITY CO.

7800 Point Meadows Dr 1211 LLC

Certificate of Status	1
Certified Copy	0
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

7800 Point Meadows Dr 1211 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:

94 Horsetail Court
Saint Augustine, FL 32095

94 Horsetail Court
Saint Augustine, FL 32095

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:

Alexander Correa

Name

94 Horsetail Court

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

Saint Augustine FL 32095

City

Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company, the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in 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 in Chapter 605, F.S.

DocuSigned by:

Alexander Correa

7327E9D2C8D246E

Registered Agent's Signature (REQUIRED)

Alexander Correa

(CONTINUED)

23 JAN 27 9
SECRETARY
TALLAHASSEE

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

AMBR

ABR

Name and Address:

Alexander Correa

94 Horsetail Court

Saint Augustine, FL 32095

Fabiola Davila

92 Roeckel Avenue

Valley Stream, NY 11580

Carlos A. Correa

92 Roeckel Avenue

Valley Stream, NY 11580

(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.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

DocuSigned by:

Alexander Correa

7327E902D8D746E...

Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

Alexander Correa

Typed or printed name of signee

23 JAN 27 PM 4:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA