# 130000 Forda Department of State 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.

(((H23000047203 3)))



H230000472033ABCV

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 : ALEXANDER ALMONTE, ESQ/I INCORPORATE LTD.

Account Number : I20070000019 Phone : (518)689-1212 Fax Number : (518)432-0742

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

13	Address			
	BUULLOCCI			

## FLORIDA LIMITED LIABILITY CO. SNM Lounge LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

Electronic Filing Menu Corporate Filing Menu

Help



# Articles of Organization for Florida Limited Liability Company

#### <u>ARTICLE I NAME</u>

The name of the Limited Liability Company is: SNM Lounge LLC

#### ARTICLE II ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address: 1800 S OCEAN DRIVE, APT 4109, HALLANDALE BEACH, FL 33009

Mailing Address: 1800 S OCEAN DRIVE, APT 4109, HALLANDALE BEACH, FL 33009

## ARTICLE III REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT'S SIGNATURE

The name and the Florida street address of the registered agent are:

## ANASTASIYA VERENICH, 1800 S OCEAN DRIVE, APT 4109, HALLANDALE BEACH, FL 33009

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..

/s/ ANASTASIYA VERENICH

Registered Agent's Signature

(CONTINUED)

. . . .

## ARTICLE IV AUTHORIZED REPRESENTATIVE / MANAGER

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

ANASTASIYA VERENICH, Authorized Member, 1800 S OCEAN DRIVE, APT 4109, HALLANDALE BEACH, FL 33009

SVETLANA MAYA, Authorized Member, 1800 S OCEAN DRIVE, APT 4109, HALLANDALE BEACH, FL 33009

MAKSIM LENIN, Authorized Member, 1800 S OCEAN DRIVE, APT 4109, HALLANDALE BEACH, FL 33009

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.

/s/ ANASTASIYA VERENICH		
Authorized Member		
/s/ SVETLANA MAYA		
Authorized Member		23
/s/ MAKSIM LENIN	;	_
Authorized Member	••	-