sion of Corporations

Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : GERALD WEINBERG, P.C.

Account Number : I20030000043

Phone : (800)342-9856

Fax Number : (800)354-3381

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

C-0:1	Address:			
ELIGIT	Address:			

FLORIDA LIMITED LIABILITY CO. OPEN SEASON ONE, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

2023

(HUSOCOO46,600.3)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:							
The name of the Limited Liability Company is:							
•							
_							
OPEN SEASON ONE, LLC							
(Must contain the words "Limit	ed Liability Company, "L.L.C.," or "LLC.")						
ARTICLE II - Address:							
	A - Star - A A - T to the test of the						
The mailing address and street address of the principal office of the Limited Liability Company is:							
Principal Office Address:	Manie (Adesse						
Trateful Office Addition.	Mailing Address:						
250 SOUTH OCEAN BOULEVARD	250 SOUTH OCEAN BOULEVARD						
UNIT 7GH	UNIT 7GH						
BOCA RATON, FL 33432	BOCA RATON, FL 33432						
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:							
JERRY YEH							
Name							
259 SOUTH OCEAN BOULEVARD, UNIT 7GH							
Florida street address (P.O. Box NOT acceptable)							
<u>BOCA RATON</u>	FLORIDA 33432						

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..

State

City

Registered Agent's Signature (REQUIRED)

Zip

(CONTINUED)

SECRETARY OF SIGN

(4230000466003)

(425000046600 5)

The name and address of each person au	thorized to manage and control the Limited Liability Company:
Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
MGR	JERRY YEH 250 SOUTH OCEAN BOULEVARD, UNIT 7GH BOCA RATON, FL 33432
MGR	MATTHEW SCHNEIDER 250 SOUTH OCEAN BOULEVARD, UNIT 7GH BOCA RATON, FL 33432
(Use attachment if necessary)	
(If an effective date is listed, the date must be specthe date of filing.)	of filing: (OPTIONAL) cific and cannot be more than five business days prior to or 90 days all cet the applicable statutory filing requirements, this date will not be liste if State's records.
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	
This document is execute I am aware that any false i	nber or an authorized representative of a member. Id in accordance with section 605.0203 (1) (b), Florida Statutes, information submitted in a document to the Department of State felony as provided for in \$.817.155, F.S.
JERRY YEH	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)

ARTICLE IV-

S 5.00 Certificate of Status (Optional)

(H230000) 16/2002)