

2/13/23, 3:15 PM

L23000068590

Florida Department of State

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.

(((H23000057048 3)))



H2300005704834BC\$

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 future annual report mailings. Enter only one email address please.****

Email Address: NICHOLASNERYS@GMAIL.COM**FLORIDA LIMITED LIABILITY CO.****Idiosyncrasy 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**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Idiosyncrasy 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:1232 NW 32nd Place
Miami, FL 33125**Mailing Address:**1232 NW 32nd Place
Miami, FL 33125**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:

Nicholas Nerys

Name

1232 NW 32nd PlaceFlorida street address (P.O. Box **NOT** acceptable)Miami

City

FL 33125

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:

NICHOLAS NERYS

31255509-62C434...

Registered Agent's Signature (REQUIRED)

Nicholas Nerys

(CONTINUED)

DocuSign Envelope ID: 62AE508F-5F7F-4DFB-820B-C3D5D3992C9A

H23000057048

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

Nicholas Nerys

1232 NW 32nd Place

Miami, FL 33125

(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:

NICHOLAS NERYS

32256899482C464

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.)

Nicholas Nerys

Typed or printed name of signee

2023 FEB 14 AM 9:55
DEPT OF STATE
TALLAHASSEE, FLORIDA