

L23000084072

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.

((H23000068465 3)))



H230000684653ABC1

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.****

Email Address: _____

**FLORIDA LIMITED LIABILITY CO.
PRINCESS DATE MATCHMAKING LLC**

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

2023 JAN 22 AM 5:07
Filing
FALAHASSEE, FLORIDA

2023 JAN 22 AM 5:07

Articles of Organization
for
Florida Limited Liability Company

ARTICLE I NAME

The name of the Limited Liability Company is: **PRINCESS DATE MATCHMAKING LLC**

ARTICLE II ADDRESS

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

Principal Office Address: **19201 COLLINS AVE, SUNNY ISLES BEACH, FL 33160**

Mailing Address: **19201 COLLINS AVE, SUNNY ISLES BEACH, FL 33160**

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

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

YULIYA SAURINA, 19201 COLLINS AVE, SUNNY ISLES BEACH, FL 33160

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/ YULIYA SAURINA

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:

YULIIA SAURINA, Authorized Member, 19201 COLLINS AVE, SUNNY ISLES BEACH, FL 33160

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/ YULIIA SAURINA

Authorized Member

FILED
2023 JAN 22 AM 5:07
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA