

L23000095960

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

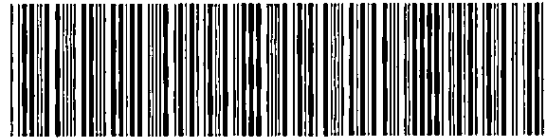
(Business Entity Name)

(Document Number)

ed Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

at Instructions to Filing Officer

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S CHATHAM

MAR - 3 2023

02/27/23--01012--011 \*\*500.00

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2023 FEB 27 AM 11:57

ALLAHASSEE, FL

FILED

2023 MAR - 2 AM 10:34

SECRETARY OF STATE  
TALLAHASSEE, FL



Corrected

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 27, 2023

CORPORATE ACCESS, INC.

SUBJECT: PURPLE SWAMP HOLDINGS, LLC  
Ref. Number: W23000027021

We have received your document for and your check(s) totaling \$500.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Florida law requires the street address of the principal office and, if different the mailing address of the entity. A post office box is not acceptable for the principal office.

If you have any further questions concerning your document, please call (850) 245-6000.

Summer Chatham  
Regulatory Specialist III  
Director's Office

Letter Number: 023A00004617

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2023 MAR -2 PM 3:41  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Purple Swamp Holdings LLC

(Must contain 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:

25 SE 2nd Ave, Suite 550

Miami, FL 33131

Mailing Address:

25 SE 2nd Ave Ste 550 PMB 134, Miami,

FL 33131

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:

Registered Agent Solutions, Inc.

Name

155 Office Plaza Dr., Suite A

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

Tallahassee

FL

32301

City

State

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..*

By:

*Jaclyn Wright*

Registered Agent's Signature (REQUIRED) Jaclyn Wright, Asst. Secretary

(CONTINUED)

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TALLAHASSEE, FL

**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:**

FinMe, Inc.

25 SE 2nd Ave Ste 550 PMB 134, Miami, FL 33131

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(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.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**ARTICLE VI:** Other provisions, if any.

**REQUIRED SIGNATURE:**

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

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.

Yuval Golan

Yuval Golan

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)**

**\$ 5.00 Certificate of Status (Optional)**