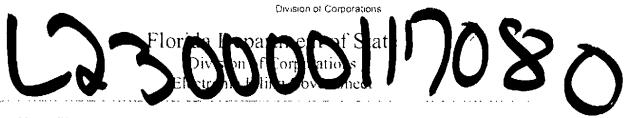
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Division of Corporations

Fax Number : (850)617-6381

From:

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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.

PETER@ROBERTSON-FIRM.COM Email Address:

FLORIDA LIMITED LIABILITY CO.

| Orange | Riossom | Consignment | Routique | ΠC |
|--------|---------|-------------|----------|---------|
| Orange | Diossom | Consignment | Dounque | 1.1 |

| Certificate of Status | ı |
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Orange Blossom Consignment Boutique LLC (Must end with the words "Limited Liability Company, "L.L.C.," or "L.L.C.,") ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:

| Principal Office Address: | Mailing Address: |
|--|---|
| 101 Rio Del Mar Street St. Augustine, FL 32080 | 101 Rio Del Mar Street St. Augustine, FL 32080 |
| Ot. Augustine, 1 E 02000 | <u> </u> |

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:

| Peter Robertson | |
|--------------------------------|---------------------|
| Nar | ne |
| 107 Monroe Avenue | |
| Florida street address (P.O. F | lox NOT acceptable) |
| St. Augustine | _{FL} 32086 |
| City | 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.

Registered Agent's Signature (KnQUIRED)

Peter Robertson

(CONTINUED)

Page Lof 2

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| "MGR" = Manager | Name and Address: | | |
|---|--|--|--|
| AMBR | Peter Robertson | | |
| | 107 Monroe Avenue St. Augustine, FL 32086 | | |
| AMBR | Cynthia Kay | | |
| | 492 Sevilla Drive | | |
| | St. Augustine, FL 32086 | | |
| | | | |
| | | | |
| | 4 | | |
| | | | |
| (Use attachment if necessary) | | | |
| TICLE V: Effective date, if other than the date of filing an effective date is listed, the date must be specific a date of filing.) | ng: | | |
| TICLE VI: Other provisions, if any. | | | |
| | | | |
| | | | |
| REOUIRED SIGNATURE: | Document by. | | |
| REQUIRED SIGNATURE: | , - · | | |
| Signature of a member (In accordance with section 605.02 constitutes an affirmation under the | or an authorized representative of a member. 203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true, tion submitted in a document to the Department of State | | |