

3/23, 11:17 AM

Division of Corporations

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.

(((H23000110339 3)))



H230001103393ABCW

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: OFFICE@NICKACPA.COM

FLORIDA LIMITED LIABILITY CO.
TEAM BERLANGA LLC

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

FALL ASSFT, FLORIP

2023 MAR 23 AM 2:55

M.A.

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:

TEAM BERLANGA 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:**Mailing Address:**5308 TWIN CREEKS DRIVE
VALRICO, FL 335965308 TWIN CREEKS DRIVE
VALRICO, FL 33596**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:

EDGAR BERLANGA

Name

5308 TWIN CREEKS DRIVEFlorida street address (P.O. Box **NOT** acceptable)VALRICO

City

FL 33596

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

EDGAR BERLANGA

12FC80418C2DA1F4

Registered Agent's Signature (REQUIRED)

EDGAR BERLANGA

(CONTINUED)

H23000110339

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR**Name and Address:**EDGAR BERLANGA5308 TWIN CREEKS DRIVEVALRICO, FL 33596AMBREDGAR BERLANGA JR5308 TWIN CREEKS DRIVEVALRICO, FL 33596

(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

EDGAR BERLANGA

2F2C8C44BEC3D414

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.)

EDGAR BERLANGA

Typed or printed name of signee

2023 MAR 23 AM 2:55
 FILING
 ASSISTANT
 CLERK