

L23000171280

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

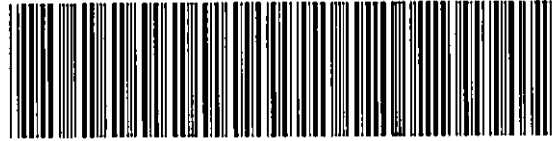
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF FINANCE
TALLAHASSEE, FLORIDA

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U. S. DEPARTMENT OF JUSTICE
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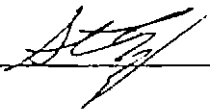
CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Only They Know, LLC

Please Debit 120000000257 For: 125

Thank you Seth Neeley



____ Art of Inc. File _____
____ LTD Partnership File _____
____ Foreign Corp. File _____
____ L.C. File _____
____ Fictitious Name File _____
____ Trade/Service Mark _____
____ Merger File _____
____ Art. of Amend. File _____
____ RA Resignation _____
____ Dissolution / Withdrawal _____
____ Annual Report / Reinstatement _____
____ Cert. Copy _____
____ Photo Copy _____
____ Certificate of Good Standing _____
____ Certificate of Status _____
____ Certificate of Fictitious Name _____
____ Corp Record Search _____
____ Officer Search _____
____ Fictitious Search _____
____ Fictitious Owner Search _____
____ Vehicle Search _____
____ Driving Record _____
____ UCC 1 or 3 File _____
____ UCC 11 Search _____
____ UCC 11 Retrieval _____
____ Courier _____

Signature

Requested by: SETH

04/04/23

Name

Date

Time

Walk-In _____

Will Pick Up _____

ARTICLES OF ORGANIZATION

FOR

ONLY THEY KNOW, LLC

ARTICLE I - NAME

The name of the limited liability company **ONLY THEY KNOW, LLC.**

ARTICLE II - ADDRESS

The mailing address and the street address of the principal office of the company is **1966 HILLVIEW ST., SARASOTA, FLORIDA 34239.**

ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE AND REGISTERED AGENT'S SIGNATURE

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

**ANDREW W ROSIN
1966 HILLVIEW STREET
SARASOTA, FLORIDA 34239**

Having been named as registered agent and to accept service of process for the above stated limited liability company, 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 the Florida Statutes.

DocuSigned by:

Andrew Rosin

D1137A881387489..

ANDREW W ROSIN

ARTICLE IV - MANAGEMENT

The business and affairs of the limited liability company shall be managed by

**ANDREW W ROSIN
1966 HILLVIEW STREET
SARASOTA, FLORIDA 34239**

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The manager is:

**ANDREW W ROSIN
1966 HILLVIEW STREET
SARASOTA, FLORIDA 34239**

ARTICLE V — LIMITATION ON AGENCY AUTHORITY OF MEMBERS:

No member of the company shall be an agent of the company solely by virtue of being a member.

Dated: 4/10/2023

DocuSigned by:

Andrew Rosin

0:13/1881387189
ANDREW W ROSIN