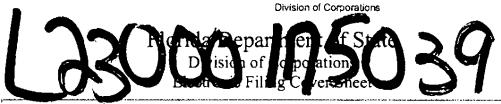
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To:

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: AC@HYTONGROUP.COM

FLORIDA LIMITED LIABILITY CO. 294 MARCELLO ORLANDO LLC

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Help

H23000135672

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

294 MARCELLO ORLANDO 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:
294 MARCELLO BLVD	294 MARCELLO BLVD
KISSIMMEE, FL 34746	KISSIMMEE, FL 34746

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:

FUNG CHING NGAI	
Name	:
294 MARCELLO BLVD	
Florida street address (P.O. Box	x NOT acceptable)
KISSIMMEE	FL 34746
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..

Fung Ching Ngai

Registered Agent's Signature (REQUIRED)
FUNG CHING NGAI
(CONTINUED)

Page 1 of 2

H23000135672

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager AMBR	FUNG CHING NGAI
	294 MARCELLO BLVD KISSIMMEE, FL 34746
* ************************************	
(Use attachment if necessary)	
CLE V: Effective date, if other than the fective date is listed, the date must	e date of filing: (OPTIONAL) be specific and cannot be more than five business days prior to or 90
CLE V: Effective date, if other than the	e date of filing: (OPTIONAL) be specific and cannot be more than five business days prior to or 90
CLE V: Effective date, if other than the ffective date is listed, the date must e of filling.)	be specific and cannot be more than five business days prior to or 90
CLE V: Effective date, if other than the ffective date is listed, the date must e of filling.) CLE VI: Other provisions, if any.	e date of filing: (OPTIONAL) be specific and cannot be more than five business days prior to or 90 Fung Ching Ngai
CLE V: Effective date, if other than the ffective date is listed, the date must e of filling.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of (In accordance with seconstitutes an affirmatiam aware that any factors.)	be specific and cannot be more than five business days prior to or 90
CLE V: Effective date, if other than the ffective date is listed, the date must e of filling.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of (In accordance with seconstitutes an affirmatiam aware that any factors.)	Fung Ching Ngai Ta member or an authorized representative of a member. ction 605.0203 (1) (b), Florida Statutes, the execution of this documention under the penalties of perjury that the facts stated herein are true. also information submitted in a document to the Department of State

Page 2 of 2