



## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - NAME

THE NAME OF THE LIMITED LIABILITY COMPANY IS:

**STUBBDOMESTICS 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

3314 NW 8<sup>TH</sup> AVE # 2  
MIAMI, FL. 331273314 NW 8<sup>TH</sup> AVE # 2  
MIAMI, FL. 33127ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, &  
REGISTERED AGENT'S SIGNATURE:

( The Limited Liability Company cannot serve as it own Registered Agent. You must designate and Individual or another business entity with an active Florida registration )

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

**SHEYLA STUBB**

Name

3314 NW 8<sup>TH</sup> AVE # 2

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

MIAMI, FL. 33127

City, State, and 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 certificated, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provision 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.

X

Registered Agent's Signature ( Required )

2023 APR 20 PM 2:15

**ARTICLE IV – Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as Follows:

Title: Name and Address:

"MGR" = Manager

"MGRM" = Managing Member

MGRM **SHEYLA STUBB**  
3314 NW 8<sup>TH</sup> AVE # 2  
MIAMI, FL. 33127

( Use attachment if necessary )

**ARTICLE V: EFFECTIVE DATE, IF OTHER THAN THE DATE OF FILING:**  
**04/20/2023, ( 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. )**

**REQUIRED SIGNATURE:**

X *Sheyla Stubb*  
SIGNATURE OF A MEMBER OR AN AUTHORIZED REPRESENTATIVE OF A MEMBER

( in accordance with section 503.408(3), Florida Statutes, the execution of this document constitutes  
an affirmation under the penalties of perjury that the facts stated herein are true. )

**SHEYLA STUBB**

Typed or printed name of signer