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Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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FLORIDA LIMITED LIABILITY CO. STUBBOOMESTICS LLC

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Corporate Filing Menu

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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 8TH AVE # 2 MIAMI, FL. 33127

3314 NW 8TH AVE # 2 MIAMI, FL. 33127

ARTICLE 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 8TH 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 an accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

X Share (Requiered)

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 8TH AVE # 2 MIAMI, FL. 33127

(Use attachment if necessary)

ARTICLE V: EFFECTIVE DATE, IF OTHER THAN THE DATE OF FILLING: 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 FILLING.)

REQUIRED SIGNATURE:

SIGNATURE ON A MEMBER OR AN AUTHORIZED REPRESENTATIVE OF A MEMBER

(in accordance with section 503,408(3), Florida Stanues, the execution of this document constitutes an affirmation nade: the penalties of perjury that the facts stated herein at true.)

SHEYLA STUBB

Typed or printed name of signee