

5/23/23, 4:19 PM

Division of Corporations

L23000255215

Florida Department of State
Division of Corporations
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*** RESUBMIT ***

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

RYANOGORMAN814@GMAIL.COM
Email Address: _____

RECEIVED
2023 MAY 24 PM 2:50
CORPORATIONS
COMMERCIAL
SERVICES

FLORIDA LIMITED LIABILITY CO. ~~ENDLESS SUMMER RENTALS LLC~~

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

Endless
Summers Party
State LLC
SECRETARY OF STATE
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May 24, 2023

FLORIDA DEPARTMENT OF STATE
Division of Corporations

HUBCO

SUBJECT: ENDLESS SUMMER RENTALS LLC
REF: W23000074433

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

One or more major words may be added to make the name distinguishable from the one presently on file.

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Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Joel G Pollock
Regulatory Specialist II

FAX Aud. #: H23000190151
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TALLAHASSEE, FL
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

ENDLESS SUMMERS PARTY RENTALS 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:**17377 30TH LANE NORTH
LOXAHATCHEE, FL 3347017377 30TH LANE NORTH
LOXAHATCHEE, FL 33470**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:

RYAN OGORMAN

Name

17377 30TH LANE NORTHFlorida street address (P.O. Box **NOT** acceptable)LOXAHATCHEE FL 33470

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..

RYAN OGORMAN

Registered Agent's Signature (REQUIRED)

RYAN OGORMAN

(CONTINUED)

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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:

RYAN OGORMAN

17377 30TH LANE NORTH

LOXAHATCHEE, FL 33470

(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:

RYAN OGORMAN

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.)

RYAN OGORMAN

Typed or printed name of signer

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