L23000259478

(Requestor's Name)
(Address)
((datess)
(Address)
(Cit (Chat Ci - 10)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
, ,
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



200408390272

2023 HAY 30 PH 9: 54





115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088

Date:	05/26/2023		
Name:	Marcel Ogbonna-A	mu	
Reference #	£2011542		
	e:	BUILDZ 2, LLC	<u> </u>
✓ Articl		orization to Transact Business	
	ige of Agent		ANY ISSUES, CALL MARCEL:
Reins	statement		(518) 213 - 0826
☐ Conv	ersion		Thank you!
☐ Merg	er		
☐ Disso	olution/Withdrawal		
☐ Fictiti	ous Name		
☐ Othe	r		
Authorized A	Amount: \$125 .	00	
Signature:	Mencel og ho	ofotox- Amore	

P: 800.221.0102

F: 800.944.6607

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liabil	ity Company is:					
	В	uildz 2, LLC				
(Must con	tain the words "Limited I	iability Compa.	ny, "L.L.C.," or "LLC.")			
ARTICLE II - Address: The mailing address and street	address of the principal of	fice of the Lim	ited Liability Company is:			
<u>Princi</u>	Principal Office Address:			Mailing Address:		
2930 Hurlingham Drive Wellington, FL 33414			2930 Hurlingham Drive Wellington, FL 33414			
ARTICLE III - Registered As (The Limited Liability Compan another business entity with an	y cannot serve as its own l	Registered Age	gent's Signature: nt. You must designate an indivi	dual or		
The name and the Florida street	address of the registered	agent are:				
	Mark Bellissim	าบ				
	Name					
	2930 Hurlingham Drive					
	Florida street address (P.O. Box NOT acceptable)					
	Wellington	FL	33414			
	City	State	Zip			
lace designated in this certificate or the agree to comply with the p	e. I hereby accept the appo provisions of all statutes rel bligations of my position a	intment as regi: lating to the pro is registered ago	the above stated limited liability stered agent and agree to act in the per and complete performance of ent as provided for in Chapter 60, and the control of the performance of the per	his capacity. I f my duties, and I		
		(CONTINUE	D)			

2023 MAY 30 PM 9: 54

ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: "AMBR" = Authorized Member "MGR" = Manager MGR Mark Bellissimo 2930 Hurlingham Drive Wellington, FL 33414 (Use attachment if necessary) (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.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. ARTICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Mal Beller ___ Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

Filing Fees:

Mark Bellissimo
Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)