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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : FLORIDA ENTREPRENEUR LAW, P.A.
Account Number : I20190000063
Phone :
Fax Number (954) 882-4119 :
(954) 400-5096

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

Email Address: MSuarez@FloridaEntrepreneurLaw.com

FLORIDA LIMITED LIABILITY CO.
BlendCX LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: BLENDGX LLC

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michelle K. Suarez, Esq.

Name of Person

Florida Entrepreneur Law, P.A.

Firm/Company

101 NE 3rd Ave., Suite 1500

Address

Fort Lauderdale, FL 33301

City/State and Zip Code

MSuarez@FloridaEntrepreneurLaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michelle Suarez, Esq.

Name of Person

at (954)

Area Code

882-4119

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee☐ \$130.00 Filing Fee &
Certificate of Status☐ \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)☐ \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)Mailing Address

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

2023 JUN -1 AM 5:42
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DIVISION OF CORPORATIONS
STATE OF FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FL

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ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:**Name and Address:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

William Donlan

2020 N. Bayshore Drive, Apt. 1401

Miami, FL 33137

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ 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.)

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.The Company shall be Manager Managed and its purpose shall be to conduct all lawful business as permitted by the Florida Revised Limited Liability Company Act, as amended from time to time.**REQUIRED SIGNATURE:**/s/ William Donlan**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.

William Donlan

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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SECRETARY OF STATE
TALLAHASSEE, FL

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