

6/9/23, 11:07 AM

Division of Corporations  
Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

# L230002080955

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To:

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

From:

Account Name : VAST ACCOUNTING & TAX SERVICES, LLC  
Account Number : I202300000003  
Phone : (347)387-5854  
Fax Number : (800)217-8791

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

Email Address: Delishoptarpon@gmail.com

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FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
COMMERCIAL SERVICES

## FLORIDA LIMITED LIABILITY CO. SUB 2 GO, LLC

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

FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FL

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## COVER LETTER

Friday, June 09, 2023

To: New Filing Section  
Division of Corporation

Subject:  
SUB 2 GO, 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:

VAST Accounting & Tax Services  
4714 Wolfram Ln  
New Port Richey, FL 34653  
Fax: 800-217-8791

For further information concerning this matter, please call or e-mail:  
Magdy Youssef 347-387-5854 or e-mail at vastcpa@gmail.com

Enclosed is our fax filing coversheet for \$125.00 for the Filing Fee

VAST Accounting & Tax Services

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TALLAHASSEE, FL

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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ARTICLE I - Name:

The name of the Limited Liability Company is:

SUB 2 GO, LLC

(Must contain 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:

23 S Walton Ave  
Tarpon Springs, FL 34689

5945 Tern Dr  
New Port Richey, FL 34652

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:

Michael Khalil

Name

5945 Tern Dr

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

<u>New Port Richey</u>	<u>FL</u>	<u>34652</u>
City	State	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.

Michael Khalil

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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STATE OF FLORIDA

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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

**Name and Address:**

MGR

Michael Khalil  
5945 Tern Dr  
New Port Richey, FL 34652

MGR

Abanob Awad  
4115 La Pasida Ln  
New Port Richey, 34655

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(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.)

**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:**



**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.

MGR Michael Khalil

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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