

L23000285219

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

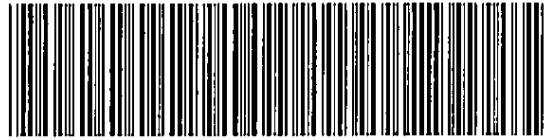
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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23 MAY 25 PM 6:52
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FALL MASSACHUSETTS

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

EL RENE PROMOTIONS 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:

8701 PIAZZA DEL LAGO CIRCLE

UNIT #101

ESTERO, FL 33928

Mailing Address:

8701 PIAZZA DEL LAGO CIRCLE

UNIT #101

ESTERO, FL 33928

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:

Elliott Subervi

Name

8701 PIAZZA DEL LAGO CIRCLE UNIT #101

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

ESTERO

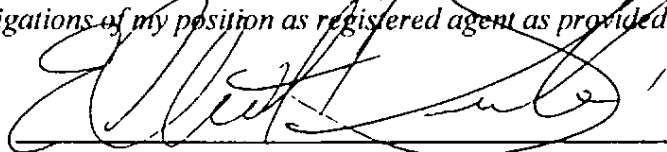
FL

33928

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..



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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23 MAY 25 PM 6:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Signed this 16th day of May 2023

Signature of Authorized Representative of Limited Liability Company:

Signature of Authorized Representative: Roy Macchiarola
Printed Name: Roy G. Macchiarola Title: Accountant - Authorized Represe

Signature(s) on behalf of Other Business Entity: (See below for required signature(s))

Signature: Elliott Subervi
Printed Name: Elliott Subervi Title: Manager

Signature: Meredith Parker-Weber
Printed Name: Meredith Parker-Weber Title: Authorized Member

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

If Florida Corporation:

Signature of Chairman, Vice Chairman, Director, or Officer.

If Directors or Officers have not been selected, an Incorporator must sign.

If Florida General Partnership or Limited Liability Partnership:

Signature of one General Partner.

If Florida Limited Partnership or Limited Liability Limited Partnership:

Signatures of ALL General Partners.

All others:

Signature of an authorized person.

Fees:

Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)