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Division of Corporations

Florida Department of State
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To:

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

From:

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

Email Address: JCHOINARD@FTMYERSCPA.COM

FLORIDA LIMITED LIABILITY CO.
The Sanibel Lighthouse Icecream, LLC

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

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

The Sanibel Lighthouse Icecream, 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:

362 Periwinkle Way Unit 5
Sanibel, FL 33957

Mailing Address:

16970 San Carlos Blvd PMB 305
Fort Myers, FL 33908

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:

Elke Podlasek

Name

18210 Old Pelican Bay Drive

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

Fort Myers Beach

FL 33931

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.

Elke Podlasek

Registered Agent's Signature (REQUIRED)

Elke Podlasek

(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:**Elke Podlasek18210 Old Pelican Bay DriveFort Myers Beach, FL 33931AMBRBrian Podlasek18210 Old Pelican Bay DriveFort Myers Beach, FL 33931AMBRMaksymillian Kolshak Jr.3616 Heritage LaneFort Myers, FL 33908AMBRBridget Kolshak3616 Heritage LaneFort Myers, FL 33908

(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:***Elke Podlasek***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.)

Elke Podlasek

Typed or printed name of signee

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