7/10/23, 2:39 PM

Division of Corporations

## L2 Several Grant of State 986

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(((H230002413913)))



H230002413913ABCZ

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Division of Corporations

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From:

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Account Number : 104662003400 Phone : (516)935-3940 Fax Number : (516)935-3088

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

Email Address: JL@ROSSSTRENT.COM

FLORIDA LIMITED LIABILITY CO.
Phoenix Asset Management of Boca Raton LLC

Certificate of Status	1
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Page Count	03
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H23000241391

ARTICLE I - Name The name of the Lim	ited Liability Company is:				
PI	noenix Asset Mana	gement of Bo	ca Raton	LLC	
	(Must end with the words	"Limited Liability	Company, "L.	L.C.," or "LLC.")	-
ARTICLE II - Addi The mailing address	ress: and street address of the pri	incipal office of th	e Limited Liab	vility Company is:	
Principal Office Ad	dress:	Malling Addre	ess:		
3863 Candlewo Boca Raton, FL			Candlewo Raton, FL		- -
(The Limited Liabilit another business enti	istered Agent, Registered y Company cannot serve as ity with an active Florida re orida street address of the re	s its own Registere egistration.)	ed Agent. You i		idual or
	Barry Pincus	Name			<u>-</u> 2
	3863 Candlewood			TAL	2023 JUL 10
	Florida street address (	P.O. Box <u>NOT</u> ac	ceptable)	LAI	
	Boca Raton	FI,	33487	AS A	שור וס ו
	City		Zip	LAHASSE	
the place designa capacity. I further	as registered agent and to a ted in this certificate, I here agree to comply with the pro I am familiar with and acce	by accept the appe ovisions of all stat	nintment as regi utes relating to	bove stated limited liabustiestered agent and agreed the proper and complete	to act in this Operformance

Registered Agent's Signature (REQUIRED)

Barry Pincus

(CONTINUED)

Page 1 of 2

H23000241391

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
MGR	Barry Pincus
<del></del>	3863 Candlewood Court
	Boca Raton, FL 33487
MGR	Michele Pincus
	3863 Candlewood Court
	Boca Raton, FL 33487
(Use attachment if necessary)	
n effective date is listed, the date must be sp	e of filing: (OPTIONAL) pecific and cannot be more than five business days prior to or was
TCLE V: Effective date, if other than the date	pecific and cannot be more than five business days prior to or Wdays
TCLE V: Effective date, if other than the date n effective date is listed, the date must be sp	pecific and cannot be more than five business days prior to or Edays
TCLE V: Effective date, if other than the date is listed, the date must be splate of filling.)	pecific and cannot be more than five business days prior to or Wdays
ICLE V: Effective date, if other than the date of effective date is listed, the date must be spate of filing.)	pecific and cannot be more than five business days prior to or days
ICLE V: Effective date, if other than the date of effective date is listed, the date must be spate of filing.)	pecific and cannot be more than five business days prior to or days
ICLE V: Effective date, if other than the date of effective date is listed, the date must be spate of filing.)  ICLE VI: Other provisions, if any.	pecific and cannot be more than five business days prior to or days  ALLAHAS  OF ST
ICLE V: Effective date, if other than the date is effective date is listed, the date must be spate of filling.)  ICLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a m  (In accordance with section constitutes an affirmation of I am aware that any false is	Bamu Piucus
ICLE V: Effective date, if other than the date it effective date is listed, the date must be state of filing.)  ICLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a m  (In accordance with section constitutes an affirmation of I am aware that any false i	Barry Piacus  Sember or an authorized representative of a member.  605.0203 (1) (b). Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true.  nformation submitted in a document to the Department of State

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