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 : HUBCO

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: JNRPLATT@MAC.COM

FLORIDA LIMITED LIABILITY CO.

63 Designs LLC

Certificate of Status	1
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Help

H23000290335

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

63	Designs LLC
(Must end with the wor	ds "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:
599 10th Street	599 10th Street
D. C. L. FL COACC	D 10 11 51 00150
ARTICLE III - Registered Agent, Registe (The Limited Liability Company cannot serv	red Office, & Registered Agent's Signature: e as its own Registered Agent. You must designate an individual
~ ~ ~ ~	red Office, & Registered Agent's Signature: as its own Registered Agent. You must designate an individual registration.) e registered agent are:
ARTICLE III - Registered Agent, Registe (The Limited Liability Company cannot servanother business entity with an active Florid The name and the Florida street address of the service of	red Office, & Registered Agent's Signature: as its own Registered Agent. You must designate an individual registration.)
ARTICLE III - Registered Agent, Registe (The Limited Liability Company cannot serva nother business entity with an active Florid The name and the Florida street address of the June C. Platt III	red Office, & Registered Agent's Signature: reas its own Registered Agent. You must designate an individual registration.) registered agent are: Name
ARTICLE III - Registered Agent, Registe (The Limited Liability Company cannot serva nother business entity with an active Florid The name and the Florida street address of the June C. Platt III	red Office, & Registered Agent's Signature: e as its own Registered Agent. You must designate an individual registration.) e registered agent are: Name
ARTICLE III - Registered Agent, Registe (The Limited Liability Company cannot serva nother business entity with an active Florid The name and the Florida street address of the June C. Platt III	red Office, & Registered Agent's Signature: reas its own Registered Agent. You must designate an individual registration.) re registered agent are: Name S (P.O. Box NOT acceptable)

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.,

Jone 1 Flatt M (Aug 21, 2027 15-11) [FI]

Registered Agent's Signature (REQUIRED)

June C. Platt III

(CONTINUED)

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<u>Title:</u> "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager AMBR	June C. Platt III	
AMBR	137 Chincuba Gardens Mandeville, LA 70471	
	Robin Platt	
	137 Chincuba Gardens S	
	Mandeville, LA 70471	
4-47-41		
	<u></u>	
(Use attachment if necessary)		
•	date of filing:(OPTIONAL)	
CLE V: Effective date, if other than the effective date is listed, the date must he of filling.)	date of filing: (OPTIONAL) se specific and cannot be more than five business days prior to or 90	
CLE V: Effective date, if other than the effective date is listed, the date must be of filling.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE:	e specific and cannot be more than five business days prior to or 90	
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CLE V: Effective date, if other than the effective date is listed, the date must he te of filing.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a (In accordance with secondance with	Plan linking 25, 2023 35(3) 2.00) a member or an authorized representative of a member.	
CLE V: Effective date, if other than the effective date is listed, the date must he te of filing.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a (In accordance with secondance with	Plant linking 23, 2023 35(3) 2.60) a member or an authorized representative of a member. tion 605.0203 (1) (b), Florida Statutes, the execution of this document on under the penalties of perjury that the facts stated herein are true, se information submitted in a document to the Department of State	