S. CHATHAM

ڢ

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000302271 3)))



H230003022713ABCU

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6381

From:

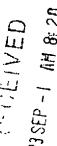
Account Name : HUBCO

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: jothamapaul@gmail.com



## FLORIDA LIMITED LIABILITY CO.

## Anderson Studio LLC

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

Electronic Filing Menu

Corporate Filing Menu

Help

H23000302271

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Lir	nited Liability Company is	<b>s</b> :					
	Ander	son Studio	LLC	;			
	(Must end with the word	s "Limited Liabi	ility (	Company, "L.L C.," o	r "LLC.")		
ARTICLE II - Add The mailing address	fress: and street address of the	principal office o	ot the	: Lanited Liability Co	inpany is:		
Principal Office Ac	<u>ldress;</u>	Mailing Ac	ldre	<u>s:</u>			
8417 Deer Cha Riverview, FL 3				Deer Chase Dr view, FL 33578	. <u></u>		
ARTICLE III - Re (The Limited Liabil, another business en The name and the F	gistered Agent, Registered ity Company cannot serve tity with an active Florida lorida street address of the	ed Office, & Registration.)  registration.)	giste sterec t are:	red Agent's Signatu I Agent. You must de:	re: Signate an indivi	2023 SEP -	
	Jotham Paul						
		Name				25	-
	8417 Deer Chas	e Or				9.	
	Florida street address		<u>l'</u> acc	eptable)		53	
	Riverview		FΊ.	33578		4.7	
	City			2ip			
the place design capacity. I further	d as registered agent and to ated in this cartificate, I he r agree to comply with the I I am familiar with and ac- jotnampes (Such 20)	reby accept the a provisions of all: cept the obligation Chapter to	uppoi statu uns oj	ntment as registered a tes relating to the prop t my position as regist	gent and agree we per and complete	o oct in th performa	ns ince
	Registered Age	ent's Signature (	REQ	UIRED)			
		Jotham Paul					
	(0	CONTINUED)					
		Page Lot 2					

. . . .

H23000302271

<u>Fitle:</u>	Name and Address:
AMBR" = Authorized Member	
'MGR" = Manager AMBR	Jotham Paul
7 (14:01 (	8417 Deer Chase Dr
	Riverview, FL 33578
	15 10
the standard make the second	
Use attachment if necessary)	
	of filing: (OPTIONAL)
V: Effective date, if other than the date	of filing: (OPTIONAL) cellic and cannot be more than five business days prior to or 90
V: Effective date, if other than the date ctive date is listed, the date must be spe	of filing:
V: Effective date, if other than the date ctive date is listed, the date must be speffiling.)	of filing: (OPTIONAL) ecific and cannot be more than five business days prior to or 90
V: Effective date, if other than the date ctive date is listed, the date must be spe filling.)  VI: Other provisions, if any.	cific and cannot be more than five business days prior to or 90
E.V: Effective date, if other than the date ctive date is listed, the date must be spe filling.) E.VI: Other provisions, if any.	of filing: (OPTIONAL) celfic and cannot be more than five business days prior to or 90
V: Effective date, if other than the date ctive date is listed, the date must be spe filling.)  VI: Other provisions, if any.	cific and cannot be more than five business days prior to or 90
V: Effective date, if other than the date ctive date is listed, the date must be sperfilling.)  VI: Other provisions, if any.	cific and cannot be more than five business days prior to or 90
V: Effective date, if other than the date citive date is listed, the date must be sperfiling.)  VI: Other provisions, if any.	cific and cannot be more than five business days prior to or 90
V: Effective date, if other than the date citive date is listed, the date must be sperfiling.)  VI: Other provisions, if any.	cific and cannot be more than five business days prior to or 90
V: Effective date, if other than the date stive date is listed, the date must be specifing.)  VI: Other provisions, if any.  REQUIRED SIGNATURE:	hampaul
V: Effective date, if other than the date citive date is listed, the date must be sperfiling.)  VI: Other provisions, if any.  REQUIRED SIGNATURE:  journal potname Signature of a mea	MAMDAUL Souther or an authorized representative of a member.
V: Effective date, if other than the date citive date is listed, the date must be specifiling.)  VI: Other provisions, if any.  REQUIRED SIGNATURE:    jobsepare	mber or an authorized representative of a member.
CV: Effective date, if other than the date ctive date is listed, the date must be specifing.)  EVI: Other provisions, if any.  REQUIRED SIGNATURE:    Signature of a mean of the constitutes an affirmation of a mean of the constitutes and affirmation of the constitutes are affirmation of the constitutes and affirmation of the constitutes are affirmation of the const	mber or an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document ider the penalties of perjury that the facts stated herein are true. formation submitted in a document to the Department of State
CV: Effective date, if other than the date ctive date is listed, the date must be specifiling.)  EVI: Other provisions, if any.  REQUIRED SIGNATURE:    jobsepare	mber or an authorized representative of a member.  305.0203 (1) (b), Florida Statutes, the execution of this document ider the penalties of perjury that the facts stated herein are true.

Page 2 of 2