15-Sep-2023 08:59 Fax Division of Corporations



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.

(((H23000325208 3)))



H230003252083ABCZ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From:

To:

.....

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: bleegman@gmail.com



Help

15168131184

## H23000325208

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### ARTICLE I - Name:

The name of the Limited Liability Company is:

## **Bleegman Enterprises 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:	Mailing Address:
6346 Prestwick Court	6346 Prestwick Court
Lake Worth, FL 33467	Lake Worth, FL 33467

## 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:

Barry Goldman			
Nar	ne		
6346 Prestwick Court			
Florida street address (P.O. Box NOT acceptable)			
Lake Worth	<sub>FL</sub> 33467		
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.

sarry (schaman

Registered Agent's Signature (REQUIRED) Barry Goldman (CONTINUED)

Page 1 of 2

 ${}^{\odot}$ ()2023 AUS 15 <u>\_\_\_</u> တ 20

.

# H23000325208

# ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

	<u>Title:</u>	Name and Address:		
	"AMBR" = Authorized Membe "MGR" = Manager	er Barry Goldman		
	AMBR Č	6346 Prestwick Court		
		Lake Worth, FL 33467		
	AMBR	Julie Kelly		
		6346 Prestwick Court Lake Worth, FL 33467		
	(Use attachment if necessary)			
ARTICL	E V: Effective date, if other that	in the date of filing: (OPTIONAL)		
(If an eff	fective date is listed, the date m	nust be specific and cannot be more than five business days prior to or 9	) days a	lfter
	of filing.)			
ARTICL	E VI: Other provisions, if any.			
	· · · · · · · · · · · · · · · · · · ·			
	<u>REQUIRED</u> SIGNATURE:	Sarry Goldman		
	Signatur	re of a member or an authorized representative of a member.		
	(In accordance with	h section 605.0203 (1) (b), Florida Statutes, the execution of this document irmation under the penalties of perjury that the facts stated herein are true.	1	
	l am aware that ar	ny false information submitted in a document to the Department of State I degree felony as provided for in s.817.155, F.S.)		
		Barry Goldman		
		Typed or printed name of signee		
		©		()
			2023	(1)
			U.	<u>[[</u>
		Page 2 of 2	5	<u>سمار</u> دیکھیے
		1 450 2 01 2	- -	لا عل
		ça. j	52	
			2023 AUG 15 AN 8: 29	ý
		···	9	

, Ţ