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Florida Department of State
Division of Corporations
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To:
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Account Name : HUBCO
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S. CHATMAN
SEP 22 2023

2023 SEP 21 PM 7:54

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

Email Address: seanstevens1232@icloud.com

RECEIVED
2023 SEP 21 PM 3:46

FLORIDA LIMITED LIABILITY CO.
FL Coast Custom Cabinetry & Carpentry 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:

FL Coast Custom Cabinetry & Carpentry 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:**146 Pennock Landing Circle
Jupiter, FL 33458146 Pennock Landing Circle
Jupiter, FL 33458**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:

Sean Stevens

Name


146 Pennock Landing CircleFlorida street address (P.O. Box **NOT** acceptable)Jupiter

City

FL 33458

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..


Sean Stevens (Sep 26, 2023 5:27 PM)

Registered Agent's Signature (REQUIRED)

Sean Stevens

(CONTINUED)

Page 1 of 2

H23000331084

H23000331084

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager
MGR

Name and Address:

Sean Stevens


146 Pennock Landing Circle
Jupiter, FL 33458

(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:



Digitally signed by Sean Stevens, DN: cn=Sean Stevens, o=, ou=, email=sean.stevens@sean-stevens.com, c=US

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.)

Sean Stevens

Typed or printed name of signee