

# L23000444813

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**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.

((H23000338556 3)))



H230003385563ABC2

**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)813-1184  
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: Bill@cpamassie.com

CLERK OF STATE  
TALLAHASSEE, FL

2023 SEP 26 PM 4:31

FILED

**FLORIDA LIMITED LIABILITY CO.  
SATURDAY INVESTMENTS, LLC**

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

RECEIVED  
2023 SEP 26 PM 4:03

FILED H23000338556

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY 2023 SEP 26 PM 4:31

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

CLERK OF STATE  
TALLAHASSEE, FL

**SATURDAY INVESTMENTS, 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:**

13041 RIVER BLUFF CT  
FORT MYERS, FL 33905

13041 RIVER BLUFF CT  
FORT MYERS, FL 33905

**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:

ROBERT CROSS

Name

13041 RIVER BLUFF CT

Florida street address (P.O. Box **NOT** acceptable)

FORT MYERS

FL 33905

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..*

Robert Cross

Registered Agent's Signature (REQUIRED)

ROBERT CROSS

(CONTINUED)

H23000338556

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

**Name and Address:**

ROBERT CROSS - 50%

13041 RIVER BLUFF CT

FORT MYERS, FL 33905

AMBR

ANDREA CROSS - 50%

13041 RIVER BLUFF CT

FORT MYERS, FL 33905

(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:**

Robert Cross  
ROBERT CROSS, President

**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.)

ROBERT CROSS

Typed or printed name of signee

H23000338556