

L23000455250

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.

((H23000347770 3)))



H230003477703ABCO

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

*Y.A.
10/4/23*

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

Email Address: Dness4884@gmail.com

RECEIVED
2023 OCT -3 PM 4:38

FLORIDA LIMITED LIABILITY CO.
STABLEVISION LLC

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

2023 OCT -3 PM 3:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

H23000347770

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

STABLEVISION 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:

900 NW 6TH AVE
FORT LAUDERDALE, FL 33311

900 NW 6TH AVE
FORT LAUDERDALE, FL 33311

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:

JASON VITARELLI

Name

13844 WOODLAND DR

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

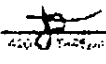
JACKSONVILLE

City

FL. 32218

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..



Registered Agent's Signature (REQUIRED)

JASON VITARELLI

(CONTINUED)

Page 1 of 2

FILED
2023 OCT -3 PM 3:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H23000347770

H23000347770

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:

JASON VITARELLI

13844 WOODLAND DR

JACKSONVILLE, FLORIDA 32218

AMBR

BRIAN ENGLEMAN

900 NW 6TH AVE

FORT LAUDERDALE, FLORIDA 33311


(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:


JASON VITARELLI

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.)

JASON VITARELLI

Typed or printed name of signer

FILED
2023 OCT -3 PM 3:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H23000347770