

L23000463979

Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : HUBCO
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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: jcipoletti@aol.com

FLORIDA LIMITED LIABILITY CO.

Movewell Tennis23 LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
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2023 OCT -9 PM 1:18
DIVISION OF STATE
CORPORATIONS
TALLAHASSEE, FL

T. MATTHEWS

OCT 10 2023

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

2023 OCT -9 PM 1:19

ARTICLE I - Name:

The name of the Limited Liability Company is:

CLERK OF STATE
TALLAHASSEE, FL**Movewell Tennis23 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:**601 North 12 Street #1103
Tampa, FL 33602601 North 12 Street #1103
Tampa, FL 33602**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:

Lee Hurst

Name

601 North 12 Street #1103Florida street address (P.O. Box **NOT** acceptable)Tampa FL 33602

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..

Lee Hurst
CLERK OF STATE

Registered Agent's Signature (REQUIRED)

Lee Hurst

(CONTINUED)

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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:

Lee Hurst

601 North 12 Street #1103

Tampa, FL 33602

(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:

Lee Hurst

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.)

Lee Hurst

Typed or printed name of signer