Fax •

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## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H23000361060 3)))



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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.\*

mmooney@pragermetis.com Email Address:

FLORIDA LIMITED LIABILITY CO.

**Evolve Home Collection 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:

#### **Evolve Home Collection 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:

777 Brickell Avenue, Ste 420

Miami, FL 33131

C/o Prager Metis CPAs

777 Brickell Avenue, Ste 420

Miami, FL 33131

#### 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:

Prager Metis CPAs, LLC - Marianna Mooney

Name

777 Brickell Avenue, Ste 420

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

Miami

FL 33131

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.

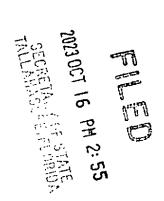
Marianna Mooney
Marianna Mermey (July 25, 2022 10:07 EDT)

Registered Agent's Signature (REQUIRED)

Prager Metis CPAs, LLC - Marianna Mooney

(CONTINUED)

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| <u>Title:</u> "AMBR" = Authorized Member   | Name and Address:   |
|--|---|
| "MGR" = Manager  |   |
| <u>AMBR</u>  | Anthony Monaco  |
|  | 717 N Highland Avenue, Unit 2   |
|  | Los Angeles, CA 90038   |
| AMBR   | Slim Keskes   |
|  | 1530 North Poinsettia Place, Suite 244  |
|  | Los Angeles, CA 90046   |
| AMBR   | Vanessa Hsu   |
|  | 2010 Voorhees Avenue  |
|  | Redondo Beach, CA 90278   |
|  |   |
|  |   |
|  |   |
| (Use attachment if necessary)  |   |
| E V: Effective date, if other than tective date is listed, the date mus  | ne date of filing: (OPTIONAL)  be specific and cannot be more than five business days prior to or 90  |
| E V: Effective date, if other than t   | ne date of filing: (OPTIONAL)  The specific and cannot be more than five business days prior to or 90   |
| E V: Effective date, if other than tective date is listed, the date mus of filling.)   | the specific and cannot be more than five business days prior to or 90  |
| E V: Effective date, if other than the ective date is listed, the date must of filling.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of (In accordance with seconstitutes an affirm I am aware that any in the ective date is listed. | The specific and cannot be more than five business days prior to or 90  |
| E V: Effective date, if other than the ective date is listed, the date must of filling.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of (In accordance with seconstitutes an affirm I am aware that any its econstitutes).            | f a member or an authorized representative of a member. ection 605.0203 (1) (b), Florida Statutes, the execution of this document ation under the penalties of perjury that the facts stated herein are true, also information submitted in a document to the Department of State |

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