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.

(((H23000391885 3)))



H230003918853ABC6

**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: merkabasdesign@gmail.com

## FLORIDA LIMITED LIABILITY CO.

## Merkaba's Design LLC

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

OF STATE

T. MATTHEWS

NOV 14 2023

Electronic Filing Menu

Corporate Filing Menu

Help

\_H23000391885

DECEMBER OF STATE TALLAMASSEE, FL		
Merkaba's Design LLC		
ompany, "L.L.C.," or "LLC.")		
Limited Liability Company is:		
<u>:</u>		
Edgewater Dr Beach Gardens, FL 33410		
ed Agent's Signature: Agent. You must designate an individua		
otable)		
33410		

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

Linsey Wagner

(CONTINUED)

Page 1 of 2

H23000391885

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager AMBR	Linsey Wagner
	2388 Edgewater Dr Palm Beach Gardens, FL 33410
<del> </del>	
(Use attachment if necessary)	
CLE V: Effective date, if other than the date effective date is listed, the date must be s	te of filing: (OPTIONAL)  pecific and cannot be more than five business days prior to or 90 day
CLE V: Effective date, if other than the dat	te of filing: (OPTIONAL)  pecific and cannot be more than five business days prior to or 90 day
CLE V: Effective date, if other than the dat effective date is listed, the date must be sate of filling.)  CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:	pecific and cannot be more than five business days prior to or 90 day
CLE V: Effective date, if other than the dat effective date is listed, the date must be stee of filing.)  CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:	Pecific and cannot be more than five business days prior to or 90 day
CLE V: Effective date, if other than the date effective date is listed, the date must be ste of filling.)  CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a magnitude of the constitutes an affirmation I am aware that any false in the constitutes are the constitutes and the constitutes and the constitutes and the constitutes are the constitutes and the constitutes and the constitutes are the constitutes and the constitutes are affirmation.	pecific and cannot be more than five business days prior to or 90 day