

LA23000510935

Florida Department of State

Division of Corporations

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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.****

Email Address: forteanastasia@gmail.com

**FLORIDA LIMITED LIABILITY CO.
STAZ BEVERAGE CONSULTING LLC**

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

RECEIVED
2023 NOV 13 PM 1:05
DIVISION OF CORPORATIONS
SPECIAL SERVICES

FILED
2023 NOV 13 PM 4:34
DIVISION OF STATE
TALLAHASSEE, FL

T. MATTHEWS

FILED H23000392256

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY NOV 12 PM 4:34

ARTICLE I - Name:

The name of the Limited Liability Company is:

COUNTY OF STATE
TALLAHASSEE, FL**STAZ BEVERAGE CONSULTING 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:**185 SW 7TH ST, 4310
MIAMI, FL 33130185 SW 7TH ST, 4310
MIAMI, FL 33130**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:

ANASTASIA FORTE

Name

185 SW 7TH ST, 4310Florida street address (P.O. Box **NOT** acceptable)MIAMI

City

FL 33130

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..

Anastasia Forte
 .NOTAR PUBLIC
 11/13/23 11:55 AM EST
 TALLAHASSEE, FL 32304

Registered Agent's Signature (REQUIRED)

ANASTASIA FORTE

(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:

ANASTASIA FORTE

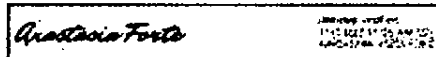
185 SW 7TH ST. 4310

MIAMI, FL 33130

(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:**A rectangular box containing a handwritten signature "Anastasia Forte" on the left and a small, illegible stamp on the right.

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.)

ANASTASIA FORTE

Typed or printed name of signer

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