

L23000513012

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

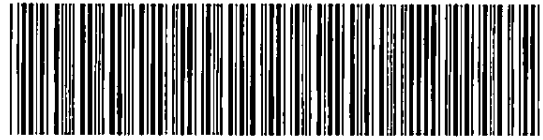
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500418428455

11/15/23--01002--009 \*\*125.00

11/15/23--01002--010 \*\*30.00

RECEIVED

2023 NOV 15 AM 10:34

STATE OF ALABAMA  
RECEIVED

2023

2023

**CORPORATE  
ACCESS,  
INC.**

*When you need ACCESS to the world*

236 East 6th Avenue, Tallahassee, Florida 32303  
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

**WALK IN**

**PICK UP: BROOK 11/14**

**CERTIFIED COPY**

**XX PHOTOCOPY**

**GS**

**XX FILING**

**LLC**

**1. ANDREA JURAK LLC**

(CORPORATE NAME AND DOCUMENT #)

**2.**

(CORPORATE NAME AND DOCUMENT #)

**3.**

(CORPORATE NAME AND DOCUMENT #)

**4.**

(CORPORATE NAME AND DOCUMENT #)

**5.**

(CORPORATE NAME AND DOCUMENT #)

**6.**

(CORPORATE NAME AND DOCUMENT #)

**SPECIAL  
INSTRUCTIONS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# ARTICLE OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I.

The name of the Limited Liability Company is:

**ANDREA JURAK LLC**

## ARTICLE II.

The address and street address of the principal office of the Limited Liability Company is:

2350 NE 14<sup>TH</sup> ST CSWY STE. 307

POMPANO BEACH FL 33062

The mailing address of the Limited Liability Company is:

2350 NE 14<sup>TH</sup> ST CSWY STE .307

POMPANO BEACH FL 33062

## ARTICLE III.

The purpose for which this Limited Liability Company is organized is:

Any and all lawful business.

## ARTICLE IV.

The name and the Florida street address of the registered agent are:

JURAK, ANDREA

2350 NE 14<sup>TH</sup> ST CSWY STE. 307

POMPANO BEACH FL 33062

2023 JUN 14 PM 4:20

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.

Andrea Jurak  
Registered Agent's Signature

11/14/23  
Date:

#### ARTICLE V.

The name and address of each Manager or Managing Member is as follows:

Name and Address:

Title: MGRM

JURAK, ANDREA

2350 NE 14<sup>TH</sup> ST CSWY STE . 307

POMPANO BEACH FL 33062

Andrea Jurak

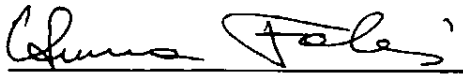
2023 . . . 11/14/23

FABIAN, ANNA

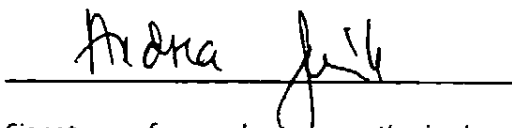
Title: MGR

42616 SCHIENLE LN

CLINTON TOWNSHIP MI 48038



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.



*Signature of a member or an authorized representative of a member.*

ANDREA JURAK

*Typed or printed name of signee*

11/14/23

*Date*

2023 11 14 4:20