## La3000524001

(Requestor's Name)
(Address)
(1001000)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
6.77.10
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





400418861084

11/28/23--01001--005 \*\*125.00

RECEIVED
2023 NOV 27 PH 2: 05

200

## CORPORATE ACCESS, \_\_\_

When you need ACCESS to the world

INC.

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 11/27

	CERTIFIED COP	Υ	
X	РНОТОСОРУ		
	GS		
X	FILING	LLC	
	IL SLICKERS, LL		
(C	ORPORATE NAME AND I	DOCUMENT #)	
(C	ORPORATE NAME AND I	DOCUMENT #)	
(C	ORPORATE NAME AND I	DOCUMENT #)	•
(C	ORPORATE NAME AND I	DOCUMENT #)	
(C	ORPORATE NAME AND I	DOCUMENT #)	
(C	ORPORATE NAME AND I	DOCUMENT #)	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Oil Slicks	rs, LLC	
<del></del>	(Must contain the words "Limited Liabi	ity Company, "L.L.C.," or "LLC.")
TICLE II - Addı	ness:	
	· <del></del>	. A
mailing address	and street address of the principal office	of the Lumited Liability Company is:
mailing address	and street address of the principal office  Principal Office Address:	of the Limited Liability Company is:  Mailing Address:
mailing address	Principal Office Address:	, ,

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

Michael V. Penza	_	
	Name	
642 Pilot Road		
Florida street addres	s (P.O. Box NOT ac	cceptable)
N. Palm Beach	FL	33408
City	State	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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

'AMBR" = Authorized Member	Name and Address:
'MGR' = Manager	
MGR	Michael V. Penza Revocable Trust dated April 21.2021
	642 Pilot Road
	N. Palm Beach, FL 33428
<del></del>	· · · · · · · · · · · · · · · · · · ·
V: Effective date, if other than the date	te of filing: (OPTIONAL)
ctive date is listed, the date must be q f filing.)	pecific and cannot be more than five business days prior to or 90 d  meet the applicable statutory filing requirements, this date will not be
ctive date is listed, the date must be a f filing.) he date inserted in this block does not hent's effective date on the Departmen	pecific and cannot be more than five business days prior to or 90 d  meet the applicable statutory filing requirements, this date will not be
trive date is listed, the date must be a filing.)  the date inserted in this block does not ment's effective date on the Department.  VI: Other provisions, if any.	pecific and cannot be more than five business days prior to or 90 d meet the applicable statutory filling requirements, this date will not be t of State's records.
trive date is listed, the date must be a filling.)  the date inserted in this block does not ment's effective date on the Department.  VI: Other provisions, if any.	pecific and cannot be more than five business days prior to or 90 d meet the applicable statutory filing requirements, this date will not be t of State's records.
torve date is listed, the date must be a filing.)  the date inserted in this block does not ment's effective date on the Department.  VI: Other provisions, if any.  REQUIRED SIGNATURE:	meet the applicable statutory filing requirements, this date will not be of State's records.
filing.)  the date inserted in this block does not ment's effective date on the Department.  VI: Other provisions, if any.  Signature of any.  This document is exert	pecific and cannot be more than five business days prior to or 90 d meet the applicable statutory filing requirements, this date will not b t of State's records.  Dember or an authorized representative of a member.  Detection accordance with section 605 0203 (1) (b) Florida Statutor
fiting.)  the date inserted in this block does not tent's effective date on the Department.  VI: Other provisions, if any.  Signature of a/m  This document is exert  I am aware that any fals.	meet the applicable statutory filing requirements, this date will not be of State's records.
fiting.)  the date inserted in this block does not tent's effective date on the Department.  VI: Other provisions, if any.  Signature of a/m  This document is exert  I am aware that any fals.	meet the applicable statutory filing requirements, this date will not be to of State's records.  The period of a member of a m
Signature of a firm This document is executive as a ware that any fails constitutes a third degree	meet the applicable statutory filing requirements, this date will not be to of State's records.  Deember or an authorized representative of a member.

ARTICLE IV-

\$ 30.90 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)