

10:53 AM

Division of Corporations

Florida Department of State  
Division of Corporations  
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## To:

Division of Corporations  
Fax Number : (850)617-6381

## From:

Account Name : ALLSTATE CORPORATE SERVICES CORP  
Account Number : 120040000031  
Phone : (800)906-9220  
Fax Number : (800)906-9880

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

FLORIDA LIMITED LIABILITY CO.  
HONEY & COMB DESIGN CO, LLC

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

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January 10, 2024

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

ALLSTATE CORPORATE SERVICES CORP

SUBJECT: HONEY & COMB DESIGN CO. LLC  
REF: W24000002928

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The name of the entity cannot include "CO." This word/abbreviation is readily associated with or is commonly used to denote another type of entity. Please amend your document throughout accordingly.

If you have any further questions concerning your document, please call (850) 245-6052.

Crystal S Hightower  
Regulatory Specialist II  
CoT

FAX Aud. #: H24000010453  
Letter Number: 224A00000556

((H240000104533)))

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

HONEY & COMB DESIGN LLC

(Must contain 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:

3419 FOXCROFT CIR

OVIEDO, FL 32765

Mailing Address:

3419 FOXCROFT CIR

OVIEDO, FL 32765

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:

HONEY SOBELMAN

Name

3419 FOXCROFT CIR

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

OVIEDO

FL

32765

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..*

/s/ HONEY SOBELMAN

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FLORIDA

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

AMBR

HONEY SOIBELMAN

3419 FOXCROFT CIR

OVIDO, FL 32765

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(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.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**ARTICLE VI:** Other provisions, if any.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**REQUIRED SIGNATURE:**

/s/ HONEY SOIBELMAN

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

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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, P.S.

HONEY SOIBELMAN

Typed or printed name of signee