Division of Corporations



Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

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Account Number : 104662003400

Phone

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Fax Number

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

Email Address: JOSEPH.ANTONELLI11@GMAIL.COM

FLORIDA LIMITED LIABILITY CO.

Kulture Consultants LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
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Electronic Filing Menu

Corporate Filing Menu

Help



H24000038281

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
	onsultants LLC
(Must end with the words "L	Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the prin	cipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
4793 S Citation Dr Unit 204 Mailbox 29204	4793 S Citation Dr Unit 204 Mailbox 29204
Delray Beach, FL 33445	Delray Beach, FL 33445
another business entity with an active Florida reg	its own Registered Agent. You must designate an individual or istration.)
The name and the Florida street address of the reg	gistered agent are:
Joseph Antonelli	
	Name
	Unit 204 Mailbox 29204
Florida street address (P.	O. Box NOT acceptable)
Delray Beach	FL 33445
City	Zip
the place designated in this certificate, I hereby capacity. I further agree to comply with the provof my duties, and I am familiar with and accept Registered Agent's Joseph	scept service of process for the above stated limited liability company at y accept the appointment as registered agent and agree to act in this visions of all statutes relating to the proper and complete performance the obligations of my position as registered agent as provided for in Chapter 605, F.S
Pr	ege1of2 ∩: N

H24000038281

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
AMBR	Joseph Antonelli
	4793 S Citation Dr. Unit 204 Mailbox 29204 Delray Beach, FL 33445
•	e of filing: (OPTIONAL)
E V: Effective date, if other than the date ective date is listed, the date must be spot filing.)	e of filing:
(Use attachment if necessary) E V: Effective date, if other than the date ective date is listed, the date must be spot filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE:	e of filing: (OPTIONAL) secific and cannot be more than five business days prior to or 90 days
E V: Effective date, if other than the date ective date is listed, the date must be spot filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE:	
E V: Effective date, if other than the date ective date is listed, the date must be spot filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a m (In accordance with section constitutes an affirmation of a management of a managem	comber or an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document unformation submitted in a document to the Department of State release a provided for in a 817.155. F.S.)
E V: Effective date, if other than the date ective date is listed, the date must be spot filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a m (In accordance with section constitutes an affirmation of a management of a managem	comber or an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true. 202 203 203 204 205 205 206 207 208 208 208 208 208 208 208 208 208 208

Page 2 of 2