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H20PLUSSUN, LLC

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H20PLUSSUN, LLC
(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")
RTICLE II - Address:
e mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address: Mailing Address:
200 Biscayne Boulevard Way, #5304 200 Biscayne Boulevard Way, #5304
Miami, FL 33131 Miami, FL 33131
rname and the Florida street address of the registered agent are: Frederick J. Voccola
Name
200 Riscaune Roulevard Way #5304
200 Biscayne Boulevard Way, #5304 Florida street address (P.O. Box NOT acceptable)
Florida street address (P.O. Box NOT acceptable)
Florida street address (P.O. Box NOT acceptable) Miami FL 33131 City State Zip
Florida street address (P.O. Box NOT acceptable) Miami FL 33131 City State Zip
Florida street address (P.O. Box NOT acceptable) Miami FL 33131 City State Zip In g been named as registered agent and to accept service of process for the above stated limited liability company of a designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity are agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties
Florida street address (P.O. Box NOT acceptable) Miami FL 33131 City State Zip
Florida street address (P.O. Box NOT acceptable) Miami FL 33131 City State Zip In g been named as registered agent and to accept service of process for the above stated limited liability company of a designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity are agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties
Florida street address (P.O. Box NOT acceptable) Miami FL 33131 City State Zip In g been named as registered agent and to accept service of process for the above stated limited liability company of designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity or agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties

(CONTINUED)

The name and address of each person au	athorized to manage and control the Limited Liability Company:
<u>Title:</u> "AM8R" = Authorized Member "MGR" = Manager	Name and Address:
AMBR	Frederick J. Voccola (90%) 200 Biscayne Boulevard Way, #5304 Miami, FL 33131
AMBR	Harry Voccola (10%) 300 Southe Pointe Drive, #1105 Miami Beach, FL 33139
MGR	Kate Degregorio 63 Fisher Place Red Bank, NJ 07701
(If an effective date is listed, the date must be spethe date of filing.)	of filing: (OPTIONAL.) ecific and cannot be more than five business days prior to or 90 days after neet the applicable statutory filing requirements, this date will not be listed as of State's records.
ARTICLE VI: Other provisions, if any.	2024 SEC FA
REQUIRED SIGNATURE:	AHASSO A TO
I his document is execut I am aware that any false	mber or an authorized representative of a member. ed in accordance with section 605.0203 (1) (b), Florida Statutes. information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.
	Frederick J. Voccola, Member Typed or printed name of signee

Filing Fees:
\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Section (Co.)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)