L 24000107934

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





800423416128

02/12/24--01004--001 **160.00

1124 Fr. 1 1 Fr 5: 1,

COVERLETTER
TO: New Filing Section Division of Corporations
SUBJECT: Bev'D Up Marine
Name of Limited Liability Company
The enclosed Articles of Organization and feets) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Alejandra Hernandez
Name of Person
Mer'D UP Marine
Firm/Company
620 N 66 Tecrace
Address
Hollywood FL 33024 City/State and Zip Code
AA Murine Tech Q gmail. com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Atjundro Hernandez 11 786, 872 5155
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
☐\$125.00 Filing Fee ☐\$130.00 Filing Fee & ☐\$155.00 Filing Fee & ☐\$160.00 Filing Fee. Certificate of Status ☐\$125.00 Filing Fee & ☐\$160.00 Filing Fee. Certificate of Status & Certificate of Status & Certificate Copy (additional copy is enclosed)

Mailing Address
New Filing Section
Division of Corporations

Street Address
New Filing Section Division
The Centre of Tallahassee

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:	
hev'D UP Marine	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 o	office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:

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:

ARTICLE 1 - Name:

Alejandro Hernandez

Name

620 N 66 Trecace

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

Hollywood FL 33024

eity 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)

Title: "AMBR" =	Authorized Member	Name and Address:
"MGR" = N 		Alejandro Hernandez
		Alejandro Hernandez 620 N 66 Terrace Hollywood FL 33024
	<u></u>	
		
RTICLE V: Effectiv	ent if necessary)	ate of filing: (OPTIONAL)
e date of filing.)	The same state of the same sta	specific and cannot be more than five business days prior to or 90 days after
e document's effecti	ted in this block does no ve date on the Departmen	t meet the applicable statutory filing requirements, this date will not be listed and of State's records.
RTICLE VI: Other p		
REQUIRED	SIGNATURE:	
		Arra .
	I am aware that any fal-	number or an authorized representative of a member, uted in accordance with section 605.0203 (1) (b), Florida Statutes, see information submitted in a document to the Department of State or following provided for an about the truth of the Department of State
		Typed or printed name of signee
	——) —	Typed or printed name of signer

\$ 30.00 Certificate of Status (Optional)

. . . .