

700425589197

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

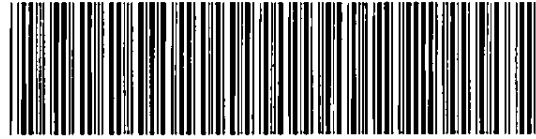
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

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Office Use Only



700425589197

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2024 MAR 18 AM 10:36  
CLERK OF STATE  
TALLAHASSEE, FL

RECEIVED

2024 MAR 18 PM 2:11  
CLERK OF STATE  
TALLAHASSEE, FL

Incorporating Services, Ltd.

1540 Glenway Drive  
Tallahassee, FL 32301  
850.656.7956  
Fax: 850.656.7953  
www.incserv.com  
e-mail: accounting@incserv.com



**ORDER FORM**

**TO** Florida Department of State  
The Centre of Tallahassee  
2415 North Monroe Street, Suite 810  
Tallahassee, FL 32303  
corphelp@dos.myflorida.com  
850-245-6051

**FROM** Melissa Moreau  
mmoreau@incserv.com  
850.656.7953

**REQUEST DATE** 3/18/2024

**PRIORITY** Regular Approval

**OUR REF # (Order ID#)** 1240187

**ORDER ENTITY**  
HONORABLE MENTION LLC

**PLEASE PERFORM THE FOLLOWING SERVICES:**

HONORABLE MENTION LLC (FL)

Please file the attached articles and provide a certified copy.

**NOTES:**

\$155.00 Authorized

**RETURN/FORWARDING INSTRUCTIONS:**

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

A handwritten signature in black ink, appearing to be "WJ" or similar, written over a horizontal line.

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2024 MAR 18 AM 10:31  
CLERK OF STATE  
TALLAHASSEE, FL

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

**COVER LETTER**

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** Honorable Mention LLC  
Name of Limited Liability Company

The enclosed Articles of Organization and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Nicholas P. Hopeak

Name of Person

Delaney Corporate Services, Ltd.

Firm/Company

99 Washington Ave., Ste. 805A

Address

Albany, NY 12210

City/State and Zip Code

nick@delaneycorporate.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nicholas P. Hopeak	800	717-2810
Name of Person	Area Code	Daytime Telephone Number

Enclosed is a check for the following amount:

\$125.00 Filing Fee

☐ \$130.00 Filing Fee &  
Certificate of Status

☒ \$155.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$160.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**Mailing Address**

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**

New Filing Section Division  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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2009 MAR 18 AM 10:00  
TALLAHASSEE, FL  
DIVISION OF CORPORATIONS

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

### Honorable Mention 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:**

295 Grande Way, Apt 803

Naples FL 34110

**Mailing Address:**

295 Grande Way, Apt 803

Naples FL 34110

**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:

Madison Brumbach

Name

295 Grande Way, Apt 803

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

Naples

Fl.

34110

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/ Madison Brumbach**

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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2024 MAR 18 AM 10:05  
FBI - NEW ORLEANS  
TELETYPE UNIT

**ARTICLE IV-**

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

**Title:**

**Name and Address:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Madison Brumbach

295 Grande Way, Apt 803

Naples FL 34110

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(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.

The limited liability company is to be managed by one or more managers.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REQUIRED SIGNATURE:**

/s/ Madison Brumbach

**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, F.S.

Madison Brumbach

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 Status (Optional)

2009 APR 10 AM 10:00  
DEPT. OF STATE  
TALLAHASSEE, FL

FILED