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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803

Fax Number : (813)436-5206

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

C41	Address:			
Emall	Address:			

FLORIDA LIMITED LIABILITY CO.

....

Florida Seller Solutions LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

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Corporate Filing Menu

Help

Florida Seller Solutions LLC COMPANY

FLED

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

2024 APR -2 AM 9: 09

Florida Seller Solutions LLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC." LAHASSEE, FLORIDA

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address: Mailing Address: 7901 4th St N STE 300 7901 4th St N STE 300 St. Petersburg, FL 33702 St. Petersburg, FL 33702

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:

Northwest Registered	Agent LLC	
	lame	
7901 4TH ST N STE	300	
Florida street address (I	P.O. Box <u>NOT</u> a	cceptable)
ST. PETERSBURG	FL	33702
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..

(CONTINUED)

4/2/2024 10:11:03 PDT To: 18506176381 Page: 3/4 Fax: 8134365206

<u>Title:</u>	Name and Address:	
"AMBR" = Authorized Memb	CF	
"MGR" = Manager AMBR	Saturk Dichard	
AWDR	Sztark, Richard 7901 4TH ST N STE 300	
	St. Petersburg, FL 33702	
AMBR	Harrell, Steve	
-	7901 4TH ST N STE 300	
	St. Petersburg. FL 33702	
AMBR	Sztark, Anthony	
	7901 4TH ST N STE 300	
	St. Petersburg, FL 33702	
AMBR	Isenegger, Robert	
	7901 4TH ST N STE 300	
	St. Petersburg, FL 33702	
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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 State (Co.)

\$ 5.00 Certificate of Status (Optional)

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ARTICLE IV (cont.)

Title: Name and Address:

AMBR Sztark, Janean

7901 4TH ST N STE 300 St. Petersburg, FL 33702

AMBR Sztark, Gwendolyn

7901 4TH ST N STE 300 St. Petersburg, FL 33702

AMBR Sztark, Philip

7901 4TH ST N STE 300 St. Petersburg, FL 33702

AMBR Harrell, Jennifer

7901 4TH ST N STE 300 St. Petersburg, FL 33702

AMBR Sztark, Thomas

7901 4TH ST N STE 300 St. Petersburg, FL 33702

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