

L24000142782 749
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000142782 3)))



H240001427823ABC/

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850)617-6381

From: Account Name : ALEXANDER ALMONTE, ESQ/I INCORPORATE LTD.
Account Number : I20070000019
Phone : (518)689-1212
Fax Number : (518)432-0742

10
2024 APR 19 AM 11:37

S. CHATFIELD
APR 21 2024

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

Email Address: _____

**FLORIDA LIMITED LIABILITY CO.
Le Swirls LLC**

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

SECRETARY OF STATE
TALLAHASSEE, FL
2024 APR 19 PM 3:21

FILED

AK

Articles of Organization
for
Florida Limited Liability Company

FILED
2024 APR 19 PM 3:21
SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLE I NAME

The name of the Limited Liability Company is:

Le Swirls LLC

ARTICLE II PRINCIPAL OFFICE

The mailing address and street address of the principal office is:

5804 FOX HOLLOW DRIVE, APT A, BOCA RATON, FL 33486

ARTICLE III REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT'S SIGNATURE

The name and the Florida street address of the registered agent are:

DAVID SAZAN
5804 FOX HOLLOW DRIVE, APT A, BOCA RATON, FL 33486

ARTICLE IV AUTHORIZED REPRESENTATIVE / MANAGER

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

DAVID SAZAN, Authorized Member
5804 FOX HOLLOW DRIVE, APT A, BOCA RATON, FL 33486

April 19, 2024

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/ DAVID SAZAN
DAVID SAZAN
Registered Agent

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.

s/ DAVID SAZAN
DAVID SAZAN
Authorized Member