

**L24000142782 749**

Florida Department of State  
Division of Corporations  
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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

**\*\*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

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**Articles of Organization**  
*for*  
**Florida Limited Liability Company**

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**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**