

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

From:
Account Name : NELSON & ASSOCIATES, C.P.A., P.A.
Account Number : I2012000083
Phone : (305)593-0829
Fax Number : (305)593-8744

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

Email Address: annualrenewals@taxnelson.com

FLORIDA LIMITED LIABILITY CO.
SUBITO INVESTMENTS LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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2024 MAY 17 PM 5:30
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FLORIDA DEPARTMENT OF STATE
MAY 17 PM 5:30
T.S.H.
5/20/24

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SUBITO INVESTMENTS 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:

8825 MARSH ELDER DRIVE
PENSACOLA, FL 32526

Mailing Address:

8825 MARSH ELDER DRIVE
PENSACOLA, FL 32526

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:

LAZARO GONZALEZ
Name

8825 MARSH ELDER DRIVE
Florida street address (P.O. Box **NOT** acceptable)

PENSACOLA FLORIDA 32526
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.

Lazaro Gonzalez
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV-

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

Title:
"AMBR" = Authorized Member
"MGR" = Manager
MGR

Name and Address:
LAZARO GONZALEZ
8825 MARSH ELDER DRIVE
PENSACOLA, FL 32526

(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.

REQUIRED SIGNATURE:

Lazaro Gonzalez

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.

LAZARO GONZALEZ
Typed or printed name of signee

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