

To:

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2024-05-24 12:42:25 UTC+14

18506176383

From: ZenBusiness User

L24000231412

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.

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To:

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

From:

Account Name : ZENBUSINESS INC.
Account Number : I20230000190
Phone : (844)449-3624
Fax Number : (512)597-0678

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

Email Address: _____

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2024 MAY 24 PM 2:07

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2024 MAY 24 AM 8:00

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FLORIDA LIMITED LIABILITY CO.
Sales Hub Enterprises LLC

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

Electronic Filing Menu

Corporate Filing Menu

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K. SALY

MAY 28 2024

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Sales Hub Enterprises 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:Mailing Address:4813 Silver Topaz Street4813 Silver Topaz StreetSarasota, FL 34233-2435Sarasota, FL 34233-2435

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:

David RobertsNone7901 4th St N STE 300Florida street address (P.O. Box **NOT** acceptable)St. PetersburgFL33702

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 **its** 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, FS**.

David RobertsRegistered Agent's Signature **REQUIRED**

(CONTINUED)

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2024 MAY 24 PM 2:01
STATE OF FLORIDA
TALLAHASSEE

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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

CHERRIE ROSE SOBORNESO GRANADA

4813 Silver Topaz Street

Sarasota, FL 34233-2435

(Use attachment if necessary)

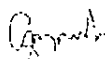
ARTICLE V: Effective date, if other than the date of filing: _____. (OPTIONAL)

(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:



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.

CHERRIE ROSE SOBORNESO GRANADA

Typed or printed name of **signer**

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)

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