

# L24000246113

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

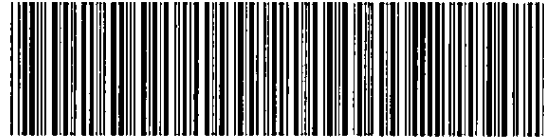
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400426815994

2024 JUN -4 AM 9:47  
CLINTONVILLE, FL  
STATE

FILED

1. FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-5437  
(850) 524-6243

PLEASE USE FUNDS FROM THIS ACCOUNT: I20210000160: \$130.00 \_\_\_\_\_

AUTHORIZATION SIGNATURE: \_\_\_\_\_ *[Signature]* \_\_\_\_\_

SILVERBLUFF UNDERLINE LLC

BUSINESS ( Name)

Document #

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X  Certificate of Status

**NEW FILINGS**

\_\_\_ Profit

\_\_\_ Not for Profit

X  Limited Liability

\_\_\_ Domestication

\_\_\_ CORP

\_\_\_ LLLP

\_\_\_ INC

**AMMENDMENTS**

\_\_\_ Amendment

\_\_\_ Resignation of Officer/Director

\_\_\_ Change of Registered Agent

\_\_\_ Dissolution/Withdrawal

\_\_\_ Merger

\_\_\_ Conversion

**OTHER FILINGS**

\_\_\_ Annual Report

\_\_\_ Fictitious Name Cancel

\_\_\_ APOSTIL ( ) \_\_\_\_\_  
Country

**REGISTRATION/QUALIFICATIONS**

\_\_\_ Foreign Filing

\_\_\_ Limited Partnership

\_\_\_ Dissolution/\_ Reinstatement/Revocation

\_\_\_ Trademark

\_\_\_ Other

EXAMINER'S INITIALS: \_\_\_\_\_

FLORIDA CAPITAL COURIER SERVICES, INC  
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☐ Other

EXAMINER'S INITIALS: \_\_\_\_\_

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TALLAHASSEE, FL  
STATE

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**COVER LETTER**

**TO: New Filing Section  
Division of Corporations**

**SUBJECT: SILVERBLUFF UNDERLINE LLC**

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ANTOINE OHANNESSIAN

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

401 S COUNTY ROAD #2951

\_\_\_\_\_  
Address

PALM BEACH, FL 33480

\_\_\_\_\_  
City/State and Zip Code

ohanessian@aol.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ohanessian@aol.com

310

913-8436

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☒ \$130.00 Filing Fee &  
Certificate of Status

☐ \$155.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$160.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**Mailing Address**

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**

New Filing Section Division  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

FILED  
2024 JUN -4 AM 9:45  
TALLAHASSEE, FL

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SILVERBLUFF UNDERLINE 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:

401 S. COUNTY ROAD

#2951

PALM BEACH, FL 33480

Mailing Address:

401 S. COUNTY ROAD

#2951

PALM BEACH, FL 33480

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:

LEOPOLD KORN, P.A.

Name

18851 NE 29TH AVENUE, SUITE 410

Florida street address (P.O. Box **NOT** acceptable)

AVENTURA

FL

33180

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.*



Registered Agent's Signature (REQUIRED)

(CONTINUED)

2024 JUN -4 AM 9:47  
CLERK'S OFFICE  
TALLAHASSEE, FL

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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

**Name and Address:**

MGR

ANTOINE OHANNESSIAN  
401 S COUNTY ROAD #2951  
PALM BEACH, FL 33480

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(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:**

  
\_\_\_\_\_  
Antoine Ohannessian (MGR, 79, 2024-06-19, 09:47:11)

**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.

Antoine Ohannessian

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 Status (Optional)

FILED  
2024 JUN -11 AM 9:47  
ANTOINE OHANNESSIAN

Release and Permission to Use Name

(Date)

To: Florida Department of State Division of Corporations

Re: Release and permission to use name

Entity's name: SILVERBLUFF UNDERLINE LLC


Florida Doc. Number: W24000079851

The date the document was filed with the Division of Corporations: May 28, 2024

I give my permission to release the name: SILVERBLUFF UNDERLINE LLC

to make it available to the Division of Corporations for use by others. I will not  
revoke this release of name.

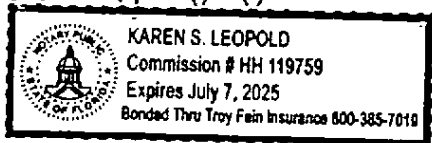
Sincerely,

Signed name: 

Printed Name: Antoine Ohannessian

Title: Manager

(NOTARY)



2024 JUN -1, AM 9:47  
STATE  
TALLAHASSEE, FL

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