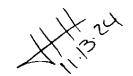
Florida Department of State





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Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : I20230000094 Account Number : I20230000094

Phone : (614)579-1707 Fax Number : (305)602-9816

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

Email Address: Schwartzanthony00@gmail.com

FLORIDA LIMITED LIABILITY CO. SCHWARTZ MARKETING & CONSULTING LLC

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: (Must end with the words "Limited Liability Company, ARCH or "LLC.")

SCHWARTZ MARKETING & CONSULTING LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

225 NE 23rd Street # 1202 Miami Florida 33137

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ARTICLE III - Registered Agent, Registered Office: of i

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

225 NE 23rd Street # 1202 Miami Florida 33137

ANTHONY SCHWARTZ, MGR

ARTICLE IV-

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

ANTHONY SCHWARTZ, MGR

225 NE 23rd Street # 1202 Miami Florida 33137

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Required Signatures:

Anthony Schwartz
Signature of a member or an authorized representative of a member.

In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated berein are true. Tam aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in \$817.155, F.S.

ANTHONY SCHWARTZ, MGR

: 1: . , A 150 11 Typed or printed name of signee

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.,

Anthony Schwartz

Registered Agent's Signature (REQUIRED)

Page 2 of 2

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