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.

(((H24000378286 3)))



H240003782863ABC7

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : HUBCO

Account Number : 104662003400 Phone : (516)813-1184 Fax Number : (516)935-3088

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

Email Address: ____ durninlaw@gmail.com

2024 NOV 14 AM 10: 28

FLORIDA LIMITED LIABILITY CO.

8197 Surf Street LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

STORT TARY OF STATE

Ш



H24000378286

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Comp	pany is:			
81	197 Surf Stree	t LLC	;	
	e words "Limited L			.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of	of the principal offi	ce of the	Limited Liabi	lity Company is:
Principal Office Address:	Mailing	Addre	<u>ss:</u>	
8197 Surf Street Kissimmee, FL 34747		8197 Kissir	Surf Street	34747
ARTICLE III - Registered Agent, Registered Limited Liability Company cannot another business entity with an active F	i serve as its own Re Florida registration.)	egistered	l Agent. You п	
The name and the Florida street address	of the registered ag	gent are:		
<u>Daniel Crys</u>	tal Santandrea			
	Name			
8197 Surf S				
Florida street a	ddress (P.O. Box N	OT acc	eptable)	
Kissimmee,		FL	34747 Zip	
	City		Zip	
Having been named as registered agent the place designated in this certificat capacity. I further agree to comply wi of my duties, and I am familiar with a	te, I hereby accept to th the provisions of and accept the oblig Chapter	he appoi all statu ations o	ntment as regis tes relating to t I my position as S	stered agent and agree to act in this he proper and complete performance
		<u> </u>		
-	ed Agent's Signatu el Crystal Sa		-	
Dani	_		urea	
	(CONTINUE)	U)		
	Page 1 of 2			

H24000378286

<u> Fitle:</u>	Name and Address:
'AMBR" = Authorized Member	
'MGR" = Manager AMBR	Crystal Santandrea
	8197 Surf Street
	Kissimmee, FL 34747
	<u> </u>
Use attachment if necessary) EV: Effective date, if other than the date crive date is listed, the date must be sp	e of filing: (OPTIONAL) secific and cannot be more than five business days prior to or 90
EV: Effective date, if other than the date	e of filing:
EV: Effective date, if other than the date ctive date is listed, the date must be sp f filling.)	e of filing:
EV: Effective date, if other than the date ctive date is listed, the date must be sp f filling.)	e of filing: (OPTIONAL) secific and cannot be more than five business days prior to or 90
EV: Effective date, if other than the date ctive date is listed, the date must be sp f filing.) EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a m (In accordance with section constitutes an affirmation of I am aware that any false in	e of filing: (OPTIONAL) secific and cannot be more than five business days prior to or 90
EV: Effective date, if other than the date ctive date is listed, the date must be sp f filing.) EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a m (In accordance with section constitutes an affirmation of I am aware that any false in	e of filing:

Page 2 of 2