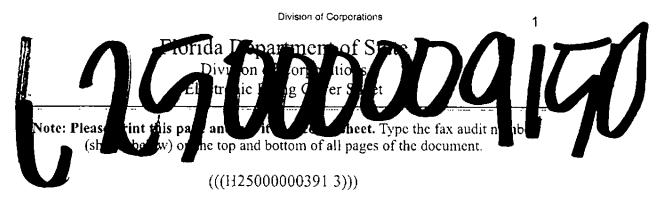
'To: 8596176381

From: 3054241050

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**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 : STRATEGIC LEGAL SOLUTIONS, LLC

Account Number : I20230000140 Phone : (305)722-7090 Fax Number : (305)424-1050

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

Email Address: info@smulevichlegal.com

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# FLORIDA LIMITED LIABILITY CO. POSTIE, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

\*Request for filing date and time of cover letter\* Fax Aud. #: H25000000391

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### ARTICLE I - Name:

The name of the Limited Liability Company is:

POSTIE, 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:
1846 NE 211 Lane	1846 NE 211 Lane
Miami, FL 33179	Miami, FL 33179

## 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:

Registered Agents Inc				
	Name			
7901 4th St N	STE 300			
Florida street addres	ss (P.O. Box <u>X</u> 0	OT acceptable)	-	
St. Petersburg	FL	33702		
City	State	Z	ip	

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.

David Coerts

Registered Agent's Signature (REQUIRED)

(CONTINUED)

SECRETION OF STATE

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

"AMBR" = Auth	orized Member		
"MGR" = Manag	ger		
MGR		Fabio Oscar Clebaner	
		T846 NE 211 Lane	
		.Miami, .FL 33179.	
			<del></del>
			<del></del>
(Use attachment	if necessary)		
		of filing:	
an effective date is list: date of filing.)	ed, the date must be spe	cific and cannot be more than five b	usiness days prior to or 90 days after
	in this block does not m	ect the applicable stautory filing requ	uirements, this date will not be listed as
	date on the Department of		an emonts, and date with not be noted as
	•		
TICLE VI: Other prov	<del>-</del>		
<u>REOUIRED</u> SIG	GNATURE:	m-i	
	Fabio Clebane	r (Jan 7, 2025 11:27 E5T)	
_	Signature of a me	mber or an authorized representati	ve of a member.
	This document is execute	ed in accordance with section 605.020	03 (1) (b), Florida Statutes.
i	am aware that any false	information submitted in a document	to the Department of State
C	J	felony as provided for in s.817.155, I	٠,٥.
	Eabio Oscar Cleba		

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Typed or printed name of signee