

L2500002124889

1/17/25, 2:57 PM

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.

((H25000021248 3))



H25000021248JAN05

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)617-6383

From:
Account Name : CORPOLICENSE, INC
Account Number : 120050000118
Phone : (305)774-9606
Fax Number : (305)774-9660

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

Email Address: drbucko2000@yahoo.com

FLORIDA LIMITED LIABILITY CO.
A13 MANAGEMENT, LLC

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

RECEIVED

2025 JAN 17 PM 3:08

2025 JAN 17 PM 3:08

Electronic Filing Menu Corporate Filing Menu Help

2025 JAN 17 PM 3:08

ARTICLES OF ORGANIZATION FOR
FLORIDA LIMITED LIABILITY COMPANY
OF
A13 MANAGEMENT, LLC

ARTICLE I - NAME:

The name of the Limited Liability Company is:

A13 MANAGEMENT, LLC

ARTICLE II - ADDRESS:

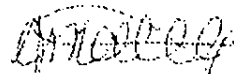
The mailing and principal address of the Limited Liability Company is:

PRINCIPAL ADDRESS: 9850 Scribner Lane
Wellington, FL 33414

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The Registered Agent designated is: AMANDA MARTINCAVAGE

7074 Lake Island Dr
LakeWorth, FL 33467



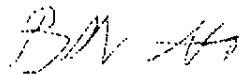
Having been named as registered agent and to accept service of process for the above stated Limited Liability Company in the place designated in this certificate, I hereby accept the appointment as Registered Agent and agree to act in this capacity. I further agree to comply with the provisions of all 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.

2025 JAN 17 AM 9:35

ARTICLE IV - Management/Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>TITLE:</u>	<u>NAME AND ADDRESS</u>
MGR	ATTILA BUCKO 9850 Scribner Lane Wellington, FL 33414
Member/Owner	ATTILA BUCKO LIVING TRUST n/a/d December 28, 2023 9850 Scribner Lane Wellington, FL 33414



ATTILA BUCKO
Manager

(In accordance with section 605.0201, Florida Statutes,
The execution of this document constitutes an affirmation under
The penalties of perjury that the facts stated herein are true)

2025 JAN 17 PM 9:35