

**H26000236932361**

Florida Department of  
Division of Corporations  
Electronic Filings & Services

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2026 JUN -3 PM 4:11

To: Division of Corporations  
 Fax Number : (850)617-6381

From: Account Name : COMPUTERSHARE  
 Account Number : 110432003053  
 Phone : (561)694-8107  
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*[Handwritten signature]*

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

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**FLORIDA LIMITED LIABILITY CO.  
Testing The Waters, LLC**

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

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[Handwritten notes]

*gc*



**CORPORATE CREATIONS**  
Part of the Computershare Group

Computershare Entity Solutions Inc.  
d/b/a Corporate Creations International  
801 US Highway 1, North Palm Beach, FL 33408  
Tel: (561) 694-8107 Fax: (561) 214-8442

June 3, 2026

Florida Department of State  
Division of Corporations  
P.O. Box 6198  
TALLAHASSEE, FL 32314

Limited Liability Formation

I am writing to inform you that we will be dissolving the entity with the name conflict for this LLC Formation Testing The Waters, LLC.

Conflicting name - TESTING THE WATTERS, LLC - L26000294500

It is for the same client and they provided us consent to use the correct name Testing The Waters, LLC

Please allow us to use the correct name with the file date of today June 3, 2026

Please let me know if you have any concerns regarding this request.

You can reach me via phone, or e-mail:  
Megan Blizzard, 561-694-8107  
E-mail: [megan.blizzard@computershare.com](mailto:megan.blizzard@computershare.com)

Sincerely,

Megan Blizzard  
Compliance Specialist  
[mean.blizzard@corpcreations.com](mailto:mean.blizzard@corpcreations.com)

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021484

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Testing The Waters, 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:**

3801 Collins Ave, Unit 1004  
Miami Beach FL 33140

**Mailing Address:**

3801 Collins Ave, Unit 1004  
Miami Beach FL 33140

**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:

FAMULARI, BUTTO & HIGGINBOTTOM, PLLC  
Name

1101 Channelside Drive, Suite 213  
Florida street address (P.O. Box **NOT** acceptable)

Tampa                      FL                      33602  
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..*

Megan Blizzard                      Megan Blizzard, Attorney-in-Fact  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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**ARTICLE IV-**

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

**Title:**

**Name and Address:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR \_\_\_\_\_

Jonathan Ornstein  
3801 Collins Ave. Unit 1004  
Miami Beach FL 33140

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(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:**

*Megan Blizzard*

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.

Computershare Entity Solutions Inc.-Organizer

by: Megan Blizzard, Special Secretary

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)

02/11/2025 11:20

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