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FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

98 FEB 27 PM 12: 35

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Office Use Only

Cerald Weinberg P.C.

Requestor's Name

O State Street

Address

Albany NY 12207

City/State/Zip Phone #

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1.	1 Jubinski Hove CC	
_	(Corporation Name)	(Document #)
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2.		
	(Corporation Name)	(Document #)

3. (Corporation Name) (Document #)

4. (Corporation Name) (Document #)

☐ Walk in ☐ Pick up time ☐ Certified Copy

Mail out Will wait Photocopy Certificate of Status

NEW FILINGS	AMENDMENTS
Profit	Amendment
NonProfit	Resignation of R.A., Officer/Director
Limited Liability	Change of Registered Agent
Domestication	Dissolution/Withdrawal
Other	Merger

OTHER FILINGS
Annual Report
Fictitious Name
Name Reservation

REGISTRATION/ QUALIFICATION
Foreign
Limited Partnership
Reinstatement
Trademark
Other

	Name Availability	w
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:

Hubinski Dove LLC

ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company

4321 Holland DRIVE St. Petersburg Beach, FL 33706

ARTICLE **M** - Duration:
The period of duration for the Limited Liability Company shall be:

ninety-nine (99) years

ARTICLE IV - Management: (check and complete the appropriate statement)

The Limited Liability Company is to be managed by a manager or managers and the name(s) and address(es) of such manager(s) who is/are to serve as manager(s) is/are:

The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/ are:

Thadeus Kubinski) H321 Holland DRIVE Anna Kubinski S 8t. Petersburg Beach, FL 33706 ARTICLE V- Admission of Additional Members:

The right, if given, of the remaining members to admit additional members and the William and CORPORATIONS conditions of the admissions shall be:

Unanimous vote of all members 27 PM12:35

ARTICLE VI - Members Rights to Continue Business:
The right, if given, of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be:

Continuous until all serving members agree to dissolve.

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AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS

The undersigned member or authorized representative of a member of
Kubinski Dove LLC deposes and says:
doposos and says.
1) the above named limited liability company has at least two members
2) the total amount of cash contributed by the member(s) is \$
3) if any, the agreed value of property other than cash contributed by member(s) is \$\ A description of the property is attached and made a part hereto.
4) the total amount of cash or property anticipated to be contributed by member(s) is \$\frac{10,000}{10,000}\$. This total includes amounts from 2 and 3 above.

Signature of a member or authorized representative of a member.

(In accordance with section 608.408(3) Florida Statutes, the execution of this affidavit constitutes an affirmation under the positive; of perjury that the facts stated herein are true.)

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

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PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OF-FICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

l. The name of the limited liability company Is	
Kubinski Dove LLC	
2. The name and address of the registered agent and office Is:	-
Thadeus Kubinski	-
(Name)	
4321 Holland DRIVE	
(P.O. Box not acceptable)	
St. Petersburg Beach, FL 33706	' 2

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 acting this capacity. I farther agree comply with the provisions of all statutes relating to the proper and complete performance of my duties, and / am familiar with and accept the obligations of my position as registered agent.

(Signature)

(Data)

FILING FEE: \$ 35 for Designation of Registered Agent