

M23000009689

Florida Department of State
Division of Corporations
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H230002584663ABC3

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : COMPUTERSHARE
Account Number : 110432003053
Phone : (561)694-8107
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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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**Foreign Limited Liability Company
Caribbean Arts and Culture LLC**

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

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2023 JUL 25 AM 11:11

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

SECRETARY OF STATE
TALLAHASSEE, FL

2023 JUL 25 AM 9:50

FILED

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Caribbean Arts and Culture LLC
 (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLC.")

2. Delaware 3. _____
 (Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. _____
 (Date first transacted business in Florida, if prior to registration.)
 (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 9740 NW 10th Terrace
 (Street Address of Principal Office)
Miami, FL 33172

6. 9740 NW 10th Terrace
 (Mailing Address)
Miami, FL 33172

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Gaetan Policard

Office Address: 9740 NW 10th Terrace

Miami 33172
 (City) , Florida (Zip code)

Registered agent's acceptance:

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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Lauren Underwood Gaetan Policard,
 By: Lauren Underwood, Attorney-in-Fact
 (Registered agent's signature)

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 2023 JUL 25 AM 9:50
 SECRETARY OF STATE
 TALLAHASSEE, FL

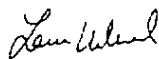
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: Gaetan Policard	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 9740 NW 10th Terrace	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	Miami, FL 33172	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. 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.



Signature of an authorized person

Gaetan Policard, Manager, By: Lauren Underwood, Attorney-in-Fact

Typed or printed name of signer

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CARIBBEAN ARTS AND CULTURE LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FIFTH DAY OF JULY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CARIBBEAN ARTS AND CULTURE LLC" WAS FORMED ON THE TENTH DAY OF APRIL, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.



7397532 8300

SR# 20233072527

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 203816038

Date: 07-25-23

L23000352303

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To:

Division of Corporations
Fax Number : (254)617-6391

From:

Account Name : WICKMAN LAW GROUP PLLC
Account Number : 128219000186
Phone : (941)259-6100
Fax Number : (941)259-6169

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

Email Address: _____

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FLORIDA LIMITED LIABILITY CO.
ALWAYS SUNNY IN SARASOTA LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

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Corporate Filing Menu

Help

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ARTICLES OF ORGANIZATION FOR
ALWAYS SUNNY IN SARASOTA LLC
A FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - NAME

The name of the limited liability company is ALWAYS SUNNY IN SARASOTA LLC

ARTICLE II - ADDRESS

The mailing address and street address of the principal office of the limited liability company is:

Mailing Address: 681 Avenida De Mayo, Sarasota, FL 34242

Physical Address: 681 Avenida De Mayo, Sarasota, FL 34242

ARTICLE III - REGISTERED AGENT

The name and the Florida address of the registered agent and office are

Wickman Law Group PLLC
46 N. Washington Blvd., Suite 15
Sarasota, FL 34236

ARTICLE IV - PURPOSE

The purpose of this limited liability company is to engage in any and all business not prohibited by the laws of the State of Florida

This limited liability company shall have all powers given limited liability companies under the Laws of the State of Florida

ARTICLE V - DURATION

The term of duration for the limited liability company shall be perpetual.

ARTICLE VI - MANAGEMENT

The limited liability company is managed by one manager or more managers and is, therefore, a manager - managed company. The name and address of the initial managers are:

Joshua Hertz and Rachael Picon-Hertz – 681 Avenida De Mayo, Sarasota, FL 34242

Prepared by
John E. Wickman, Esquire
Wickman Law Group PLLC
46 N. Washington Blvd., Suite 15
Sarasota, FL 34236 (941) 259-6100
Fla. Bar No. 0046584

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ARTICLE VII - ADMISSION OF ADDITIONAL MEMBERS

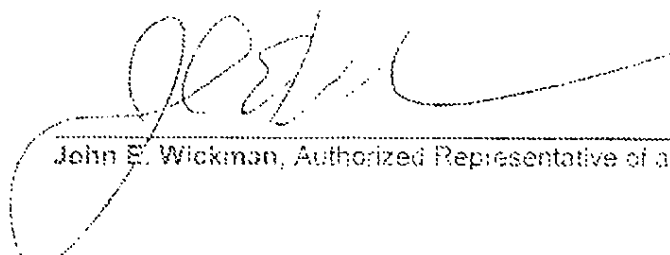
No additional members shall be admitted to the company except upon the written consent of not less than seventy-five percent (75%) majority in interest of all the voting members of the company. A member may transfer his/her/its interest in the company as set forth in the operating agreement of the company, but the transferee shall have no right to participate in the management of the business and affairs of the company or become a member unless the managers and a majority in interest of the voting members of the company (exclusive of the member proposing to dispose of his/her/its interest) approve of the proposed transfer in writing.

ARTICLE VIII - MEMBER'S RIGHTS TO CONTINUE BUSINESS

The remaining members of the limited liability company may 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.

ARTICLE IX - EFFECTIVE DATE

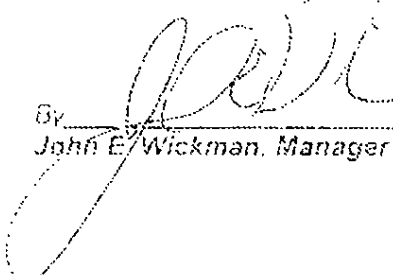
Pursuant to the provisions of Chapter 605, Florida Statutes, this limited liability company shall begin in existence on July 24, 2023.



John E. Wickman, Authorized Representative of a Member

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, the undersigned hereby accepts the appointment as registered agent and agrees to act in this capacity. The undersigned further agrees to comply with the provisions of all statutes relative to the proper and complete performance of its duties, and is familiar with and accepts the obligations of its position as registered agent.

Wickman Law Group PLLC
a Florida limited liability company

By 

John E. Wickman, Manager

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TALLAHASSEE, FL