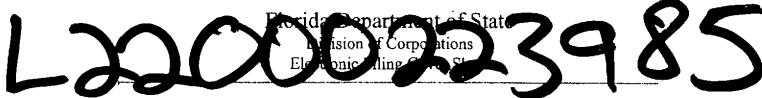
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Division of Corporations



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.

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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : 120000000146 Phone : (305)444-4994 Fax Number : (305)328-4774

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

Fmail Address:				
	F			

FLORIDA LIMITED LIABILITY CO. 2915 ARTHUR LLC

72 MAY 24 AM 11: 04

 Certificate of Status
 0

 Certified Copy
 1

 Page Count
 03

 Estimated Charge
 \$155.00

UMBLE AND/OR VIDEO FRANCHISING INVISION OF CORPORATION TALLAMASSEE, FLORIDA

2021 MAY 24 PM 4:4:

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Page: 3 of 4

2915 ARTHUR 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:

 2915 ARTHUR STREET
 19 SPEAR RD. SUITE 102

 HOLLYWOOD, FL 33020
 RAMSEY, NJ 07446

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:

SHLOMIE HOFFMAN
Name
2915 ARTHUR STREET
Florida street address (P.O. Box NOT acceptable)

HOLLYWOOD	FL	33020
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..

Sklomie Hoffman

Registered Agent's Signature (REQUIRED)

(CONTINUED)

2022 HAY 24 PH 4: 47

CABLE AND/ON VIDEO
FRANCHISING
DIVISION OF CORPORATIONS

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
AMBR	SHLOMIE HOFFMAN 19 SPEAR RD. SUITE 102 RAMSEY. NJ 07446
(Use attachment if necessary)	
ffective date is listed, the date must be e of filing.)	specific and cannot be more than five business days prior to or 90 days trace the applicable statutory filing requirements, this date will not be

REQUIRED SIGNATURE:

Page: 4 of 4

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.

SHLOME HOFFMAN

Typod 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)