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(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Office Use Only



100433799491





To: Department Of State, Division Of Corporations

From: Amanda Miller

Ext: x62969
Date: 08/14/24
Order #: 1596081-1
Re: Floating Shoo, LLC
Processing Method: Routine

A Bole man

TO WHOM IT MAY CONCERN:

Enclosed please find:

Certificate of Formation/Incorporation

Amount to be deducted from our State Account: \$125.00 - FL State Account: Number:

12000000195

Please take the following action:

File in your office on basis

Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY ARTICLE 1 - Name: The name of the Limited Liability Company is:

Floating Shoo, LLC

(Must conatin 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:

440 Royal Palm Way, Suite 304
Palm Beach, Florida 33480

440 Royal Palm Way, Suite 304 Palm Beach, Florida 33480

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:

Corporation Service Company

Name

1201 Hays Street

Florida street address (P.O. Box NOT acceptable)

Tallahassee FL 323
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.

Corporation Service Company

7-

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

<u>Title:</u> "AMBR" = Authorized Mem	Name and Address:	
"MGR" = Manager MGR	Mark S. Schuster 440 Royal Palm Way, Suite 304 Palm Beach, Florida 33480	
MGR	Audrey K. Schuster 440 Royal Palm Way, Suite 304 Palm Beach, Florida 33480	
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(Use attachment if necessary)	. <u> </u>	-
(If an effective date is listed, the date the date of filing.)	the date of filing:	
ARTICLE VI: Other provisions, if any		
		_
REQUIRED SIGNATURE		
This docume I am aware th	of a member or an authorized representative of a member, sexecuted in accordance with section 605.0203 (1) (b), Florida Statutes, any false information submitted in a document to the Department of State degree felony as provided for in s.817.155, F.S.	

Mark S. Schuster

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)