

2/1/25, 11:40

Division of Corporations

1

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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(((H25000000391 3)))



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To:

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

From:

Account Name : STRATEGIC LEGAL SOLUTIONS, LLC
Account Number : I20230000140
Phone : (305)722-7090
Fax Number : (305)424-1050

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

Email Address: info@smulevichlegal.com

FLORIDA LIMITED LIABILITY CO.
POSTIE, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

Request for filing date and time of cover letter
Fax Aud. #: H25000000391

RECEIVED

2025 JAN -7 PM 12:59

SULLIVAN COUNTY, FL

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DIVISION OF CORPORATIONS
STATE OF FLORIDA[Electronic Filing Menu](#)[Corporate Filing Menu](#)[Help](#)

(((H25000000391 3)))

2

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

POSTIE, 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:

1846 NE 211 Lane

Miami, FL 33179

Mailing Address:

1846 NE 211 Lane

Miami, FL 33179

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:

Registered Agents Inc

Name

7901 4th St N

STE 300

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

St. Petersburg

FL

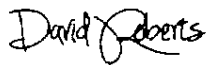
33702

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.



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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SECRETARY OF STATE
DIVISION OF CORPORATE
REGISTRATION

((H25000000391 3)))

3

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

Fabio Oscar Clebaner

1846 NE 211 Lane

Miami, FL 33179

(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:



Fabio Clebaner (Jan 7, 2025 11:27 EST)

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.

Fabio Oscar Clebaner

Typed or printed name of signee