L16000116564

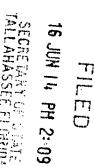
questor's Name)	,
dress)	
dress)	·····
y/State/Zip/Phone	e #)
☐ WAIT	MAIL
siness Entity Nan	ne)
cument Number)	
_ Certificates	of Status
Filing Officer:	
	dress) dress) y/State/Zip/Phone WAIT siness Entity Nan cument Number) Certificates





000286694710

06/14/16--01018--008 **155.00





COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: High Hopes Gournet LLC Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
James Cole Berger Name of Person
High hopes Governet LLC Firm/Company
15711 98th TRL N
Address
Jopike, FL 33478 City/State and Zip Code Cole @ high hopes governet. com
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
James Buger at 561 281-6123 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certified Copy (additional copy is enclosed)
Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

FILED

The name of the Limited Liability Company is:	16 (10)
High Hopes Gournet LLC (Mustered with the words "Limited Liability Company, "L.L.C.," or "LLC.")	16 JUN 14 PM 2: 09 SECRETARY OF STATE TALLAHASSEE FLORIDA
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:	
Principal Office Address: Mailing Address:	
Jornes Bugar Jupiner, FL 33478 Do. Box 309 Jupin, FL 33	<u> </u>
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 another business entity with an active Florida registration.)	lual or
The name and the Florida street address of the registered agent are:	
James Cole Berger	
15711 98 TRL N	
Florida street address (P.O. Box NOT acceptable)	
Jyiw FL 33418 City State Zip	
City State Zip	
Taving been named as registered agent and to accept service of process for the above stated limited liability of lace designated in this certificate, I hereby accept the appointment as registered agent and agree to act in the arther agree to comply with the provisions of all statutes relating to the proper and complete performance of an familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605. Tomas Columbia Better Required Agent's Signature (REQUIRED)	is capacity. I my duties, and I
(CONTINUED)	

Page 1 of 2

ARTICLE IV- The name and address of each person aut	
Citle: AMBR" = Authorized Member MGR" = Manager	Name and Address: SECRETARY OF STALLAHASSEF FI
AMBR	Lisa Burger 15711 98th TR
••	of filing:, (OPTIONAL)
CV: Effective date, if other than the date of the date is listed, the date must be sperfiling.	eific and cannot be more than five business days prior to o eet the applicable statutory filing requirements, this date will
CV: Effective date, if other than the date of tive date is listed, the date must be spe filing., he date inserted in this block does not ment's effective date on the Department of	eific and cannot be more than five business days prior to o eet the applicable statutory filing requirements, this date will
CV: Effective date, if other than the date of the date is listed, the date must be specifiling., he date inserted in this block does not ment's effective date on the Department of CVI: Other provisions, if any.	eific and cannot be more than five business days prior to o eet the applicable statutory filing requirements, this date will
ctive date is listed, the date must be spef filing.; the date inserted in this block does not ment's effective date on the Department of VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a ment of the decree of	cific and cannot be more than five business days prior to one et the applicable statutory filing requirements, this date will of State's records. Buguarante of substitution of the state of a memoral state of the substitution of the substitution of the state of
CV: Effective date, if other than the date of tive date is listed, the date must be specifiling.; he date inserted in this block does not ment's effective date on the Department of CVI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a ment of the document is executed I am aware that any false constitutes a third degree.	cific and cannot be more than five business days prior to one the applicable statutory filing requirements, this date will of State's records. Low Bugston more than five business days prior to one the applicable statutory filing requirements, this date will be state's records. Double of State's records.

Page 2 of 2