L21000306435

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	 Filing Officer:	

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COVER LETTER

Division of Corpor			
SUBJECT:	3+10 flagg	ONS fruction ited Liability Company	
	, vante of Emil	ned Eldonie, company	
The enclosed Articles of Org	anization and fee(s) are	submitted for filing.	
Please return all corresponde	nce concerning this mat	ter to the following:	
	Justin H	Opp Name of Person	
		Name of Person	
Istin Hap	o Construc	fron LLC. Firm/Company	
• ·		Firm/Company	
	725 4	Best Rd	
		Address	
	Havan.	na FLoria	32333
Jased	Walkcar	na FLorian 14/State and Zip Code PENTY OI Cla	oud. Com
E-ma	iil address: (to be used	for future annual report notificati	on)
For further information concer	ning this matter, please	call:	
Justin	11099 at ((850-3) Daytime Telephon	34-56/7
Name of	Person Ar	ea Code Daytime Telephon	e Number
Enclosed is a check for the fo	ollowing amount:		
√(\$125.00 Filing Fee C	I\$130.00 Filing Fee & Tertificate of Status	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, Fl. 32314

Street Address

New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability	Company is:			
{Must conta	Justa Hupf in the words "Limited Lia	bility Company, "L	ruction //c	<u></u>
ARTICLE II - Address: The mailing address and street ad	dress of the principal offi	ce of the Limited Li	ability Company is:	
Principa	l Office Address:		Mailing Address:	
	acst Rd		225 Porest R	22
havan	ah Pl		tavanas FL	
<u> </u>			32333	 -
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a	cannot serve as its own R	egistered Agent. Yo	s Signature: u must designate an individ	ual or SECRE
The name and the Florida street a				
	<u>Justin</u>	HUPP		6 A
		Name		
	725	Best RO) 	MHIO: 45
	Florida street address (P.O. Box <u>NOT</u> acc	eptable)	
	Humais	Planda	32333	~,
	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)

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
MUNAY.5	Twoth HUPP
7/2/2/00/	753 forest 100
	32333
(Use attachment if necessary)	
ARTICLE V. Effective date if other than the di	ate 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.)	
	of meet the applicable statutory filing requirements, this date will not be listed as
the document's effective date on the Departme	nt of State's records.
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	T 1
411	lia hupo
Signature of a	member or an authorized representative of a member.
This document is exe	cuted in accordance with section 605.0203 (1) (b), Florida Statutes.
I am aware that any fa	alse information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.S.
	Typed or printed name of signee
	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 (Opt	
5 2.00 Certificate of Status (Opt	1011411

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

ARTICLE IV-