## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092 Fax Number : (850)878-5368

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15 JAN -9 AH 10: 00

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## FLORIDA LIMITED LIABILITY CO. Austen Heller Brands, LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

TALLAHASSEE, FLOR D.

Electronic Filing Menu

Corporate Filing Menu



## COVER LETTER

TO:	Registration Division of C	Section Corporations			
SUBJE	SUBJECT: Austen Heller Brands, LLC Name of Limited Liability Company				
		of Organization and fec(s) as spondence concerning this management	_		
1 (0.00	Kenneth		Name of Person		
	Austen I	leller Holdings, LLC			
Firm/Company 515 North Figgler Drive, Suite P 300					
Address					
West Palm Beach, Florida 33401  City/State and Zip Code  Kenneth raniand@vahoo.com					
E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:					
Kenne	eth Regland Nam	at ( )		sphone Number	
Enclos	ed is a check fo	r the following amount:			
□ \$125.0	O Filing Fee	S130.00 Filing Fee & Certificate of Status	S155.90 Filing Fco & Certified Copy (additional copy is enclosed)	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
		ling Address istration Section	Street/Courier Add	<u>.</u>	

Malling Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Sireet/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Taliahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDALIMITED LIABILITY COMPANY

Austen Heller Brands, LLC		
(Must end with the words)	"Limited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the pr	incipal office of the Limited Liability Company is:	
Principal Office Address:	Malling Address:	
4.666 F 4.T- (-b) A		
1680 East Louny Avenue	1880 East Touhy Avenue	
	Des Plaines, il. 80018  Office, & Registered Agent's Signature:  s is own Registered Agent. You must designate an individual o	
Des Plaines, il. 60018  ARTICLE III - Registered Agent, Registered The Limited Liability Company cannot serve a nother business entity with an active Florida re The name and the Florida street address of the r	Des Plaines, il. 80018  Office, & Registered Agent's Signature:  is its own Registered Agent. You must designate an individual of egistered agent are:	
Des Plaines, il. 60018  ARTICLE III - Registered Agent, Registered The Limited Liability Company cannot serve a mother business entity with an active Florida re	Des Plaines, il. 80018  d'Office, & Registered Agent's Signature: us its own Registered Agent. You must designate an individual c egistration.) registered agent are: stem	
Des Plaines, il. 60018  ARTICLE III - Registered Agent, Registered The Limited Liability Company cannot serve a nother business entity with an active Florida re The name and the Florida street address of the r	Des Plaines, il. 80018  d'Office, & Registered Agent's Signature: us its own Registered Agent. You must designate an individual cegistestion.) registered agent are:	
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Des Plaines, il. 60018  ARTICLE III - Registered Agent, Registered The Limited Liability Company cannot serve a mother business entity with an active Florida refer hame and the Florida street address of the reference of the research of th	Des Plaines, il. 80018  I Office, & Registered Agent's Signature:  Is its own Registered Agent. You must designate an individual cegistered agent are:  I Com Name	

Having been named as registered agent and to accept service of process for the above stated limited liability compuny 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.

Sandra Stewart Assistant Secretary

Registered Agout's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

TILED 15 JAN -9 AH 7: 18 SECRETARY OF STATE SECRETARY OF STATE

ARTICLE IV- The name and address of each person nuthor	ized to manage and control the Limited Liability Company:		
Title: "AMBR" = Authorized Member	Name and Address:		
"MOR" = Manager AMBR	Austen Heiler Holdings, LLC 515 North Flagler Orive, Suite P 300 West Palm Beach, Florida 33401		
(Use attachment if necessary)  ARTICLE V: Effective date, if other than the date of f (If an effective date is listed, the date must be specifi the date of filing.)	filing: (OPTIONAL) is and counst be more than five business days prior to or 94 days after		
ARTICLE VI: Other provisions, if any.			
REQUIRED SIGNATURE:			
(In accordance with section 605.02 constitutes on affirmation under the	er or availabliferized representative of a member. 203 (1)/b), Florida Statutes, the execution of this document b penalties of perjury that the facts stated herein are true. torr submitted in a document to the Department of State s provided for in s.817.155, F.S.)		

Austen Heller Holdings, LLC by its Manager, Kenneth Regiand
Typed or printed name of rigner

Filling Feen:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

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