L20000237995

(Paguactare Nama)	_
(Requestor's Name)	
	_
(Address)	
(Address)	_
(City/State/Zip/Phone #)	_
PICK-UP WAIT MAIL	
(Business Entity Name)	_
, ,	
(Document Number)	
(Secument Name)	
Certified Copies Certificates of Status	_
Special Instructions to Filing Officer:	





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COVER LETTER

то:	New Filing Sect Division of Cor					
SUBJEC	Holly Cont					
SOBJEC			imited Liabi	lity Company		
The encl	losed Articles of	Organization and fee(s) a	are submitte	d for filing.		
Please re	eturn all correspo	ndence concerning this r	natter to the	following:		
	Ines Morales					
	 -		Name o	f Person		
	PAG.LAW F	LLC				
			Firm/C	ompany		4514
	600 BRICKE	ELL AVE, SUITE 1725				
			Add	ress		sed)
	MIAMI, FL	33131				
	INES@PAG.I		City/State a	nd Zip Code		
	E	-mail address: (to be use	d for future	annual report notificatio	n)	
For furthe	r information co	ncerning this matter, plea	ise call:			
	INES MORA	LESat (_	786	2921599 _)		
	Nam	e of Person	Area Code	Daytime Telephone	Number	
Enclosed	d is a check for th	ne following amount:				
■\$ 125.	.00 Filing Fee	□\$130.00 Filing Fee a Certificate of Status	Certif	55.00 Filing Fee & ied Copy nal copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enables)	
	New Fi Divisio P.O. B	g Address ling Section on of Corporations ox 6327 assee, FL 32314		Street Address New Filing Section Div The Centre of Tallahas 2415 N. Monroe Street Tallahassee, FL 32303	See SSI P	es a

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liabilit	y Company is:		
Holly Content LLC			
(Must cont	ain the words "Limited	Liability Cor	mpany, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street ad	ddress of the principal o	office of the I	Limited Liability Company is:
<u>Princip</u>	al Office Address:		Mailing Address:
3323 NE 163rd St No	orth Miami Beach, FL	33160	3323 NE 163rd St North Miami Beach, FL 3
another business entity with an a	CT CORPORATION 1200 SOUTH PINE	d agent are: N SYSTEM Name ISLAND RO	
	Florida street addres	ss (P.O. Box]	•
	MIAMI	FL	33324
	City	State	Zip
lace designated in this certificate, urther agree to comply with the pr	I hereby accept the app ovisions of all statutes r	ointment as r elating to the	s for the above stated limited liability company at the registered agent and agree to act in this capacity. It proper and complete performance of my duties, and I agent as provided for in Chapter 605, F.S
			Madonna Cuddihy, Assistant Secretary
	7		Assistant Secretary Signature (REQUIRED)

(CONTINUED)

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Manager	·				
	Amir Agay 3323 NE 163rd St North Miami Beach, FL 33160				
					
(Use attachment if necessary)	ate of filing: (OPTIONAL)				
of filing.)	specific and cannot be more than five business days prior to or 90 of the meet the applicable statutory filing requirements, this date will not not of State's records.				
LE VI: Other provisions, if any.					
REOUIRED SIGNATURE:					
REQUIRED SIGNATURE:					
Signature of a r This document is exec I am aware that any fa	member or an authorized representative of a member. cuted in accordance with section 605.0203 (1) (b), Florida Statutes. lse information submitted in a document to the Department of State ree felony as provided for in s.817.155, F.S.				
Signature of a r This document is exec I am aware that any fa	cuted in accordance with section 605.0203 (1) (b), Florida Statutes. Ise-information submitted in a document to the Department of State ree felony as provided for in s.817.155, F.S.				
Signature of a r This document is exec I am aware that any fa constitutes a third degr	cuted in accordance with section 605.0203 (1) (b), Florida Statutes. Ise-information submitted in a document to the Department of State				