L_01000013396



City/State/Zip

CR2E031(7/97)

Phone #

	Office Use Only
CORPORATION NAME(S) & DOCUME	ENT NUMBER(S), (if known):
1. HOLDEN ENTERPRISE	
(Corporation Name)	(Document #)
2 401-1379	46
(Corporation Name)	(Document #) 6000045272162 -08/03/0101058007 ****125.00 ****125.00
3(Corporation Name)	(Document #)
4. (Corporation Name)	(Document #)
☐ Walk in ☐ Pick up time	Certified Copy
-	Photocopy
NEW FILINGS	AMENDMENTS BY BY
Profit	Amendment $\frac{\pi}{2}$
☐ Not for Profit☐ Limited Liability	Resignation of R.A., Officer/Director Change of Registered Agent
Domestication	Dissolution/Withdrawal
Other	☐ Merger
OTHER FILINGS	REGISTRATION/QUALIFICATION
Annual Report Fictitious Name	Foreign Limited Partnership Reinstatement
	Trademark
·/	Other
V	Examiner's Initials

Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Filing Fee: \$125.00

ARTICLES OF ORGANIZATION

Article I
The name of the Limited Liability Company is: Holden Enterprises LLC
Article II The mailing address and street address of the principal office of the Limited Liability Company is:
Address 327 E. Lakeview Ave
City Eustis State FL Zip 32726
Article III The name and the Florida street address of the registered agent are: Name Dr. Alan Holden Address 327 E. Lakeview Ave
Address 327 E. Lakeview Ave City Eurtis State FL Zip 32726 (P.O. Box not accepted)

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 608, F.S..

Article IV The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager-managed company: In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the

facts stated herein are true.

(signature of a member or an authorized representative of a member)

Dr. Alan J. Holden
(Typed or printed name of signee)