# L0200029683

### Florida Department of State

Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax auditinumber (shown below) on the top and bottom of all pages of the document.

(((H02000222748 4)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number :

: (850)205-0383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255
Phone: (305)634-3694
Fax Number: (305)633-9696

RECEIVED 32 NOV -6 PM 2: 44 78 ON OF CORPORATE

## LIMITED LIABILITY COMPANY

hedwig florida, llc

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

BIV

3

H02000222748

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY



#### ARTICLE I

The name of the Limited Liability Company shall be: HEDWIG FLORIDA, LLC

#### ARTICLE II

The Company is organized for any legal and lawful purpose for which a limited liability company may be organized pursuant to the Act.

#### ARTICLE III

The mailing address and street address of the principal office of the Limited Liability Company is: 5241 Cedar Bend Drive, Unit 2, Ft. Meyers, FL 33919.

#### ARTICLE IV

The name and the Florida street address of the registered agent are: Nakies Constantinov, 5241 Cedar Bend Drive, Unit 2, Ft. Meyers, FL 33919.

H02000222748

H020002ZZ748

#### CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE/MEMBER/REPRESENTATIVE

# HEDWIG FLORIDA, LLC (Name of Company)

Having been named as registered agent and to accept service of process for the above stated Limited Liability Company at the place designated in the articles of organization, 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.

Registered Agent

Signature of a member or an authorized representative of a member.

(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.)

NAKIES CASTANTINOV

Typed or printed name of signee

H02000222748