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(Requestor's Name)				
(Ad	ldress)	<u> </u>		
(Address)				
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(Cit	ty/State/Zip/Phone	· #)		
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PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nam	ne)		
(Do	cument Number)			
Certified Copies	Certificates	of Status		
	-			
Special Instructions to	Filing Officer:			
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Office Use Only



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04 JUN 24 PT II: 58
VISILNES CEST CENTION



CAPITAL CONNECTION, INC.417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222	Or District Constitution of the Constitution o
fack, ssic.	ORDER OF
	Art of Inc. File LTD Partnership File
	Foreign Corp. FileL.C. File
	Fictitious Name File
	Trade/Service Mark
	Merger File
	Art. of Amend. File
	RA Resignation
	Dissolution / Withdrawal
	Annual Report / Reinstatement
	Cert. Copy
	Photo Copy
	Certificate of Good Standing
	Certificate of Status
	Certificate of Fictitious Name
	Corp Record Search
	Officer Search
	Fictitious Search
Signature	Fictitious Owner Search
•	Vehicle Search
	Driving Record
Requested by:	UCC 1 or 3 File
Name Date 10:53 Time	UCC 11 Search
	UCC 11 Retrieval
Walk-In Will Pick Up	Courier

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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	FLORIDA		3

HARK, LLC	
ARTICLE II - Address:	
The mailing address and street address of the	ne principal office of the Limited Liability Company
Principal Office Address:	Mailing Address:
HARK, LLC	HARK, LLC
11000 Metro Parkway, Suite 30	11000 Metro Parkway, Suite 30
Fort Myers, FL 33912	Fort Myers, FL 33912
ARTICLE III - Registered Agent, Register The name and the Florida street address of the Kathy Morgan	ered Office, & Registered Agent's Signature: the registered agent are:
	lame
11000 Metro Parkway, Su	
Florida street address	s (P.O. Box <u>NOT</u> acceptable)
Fort Myers	FLORIDA 33912

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, Florida Statutes..

City, State, and Zip

Registered Agent's Signature

Page 1 of 2 (CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Name and Address: "MGR" = Manager "MGRM" = Managing Member Kathy Morgan MGRM 11000 Metro Parkway, Suite 30 Fort Myers, FL 33912 (Use attachment if necessary) NOTE: An additional article must be added if an effective date is requested. REQUIRED SIGNATURE: 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.)

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

Kathy Morgan

- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

Typed or printed name of signee