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## **COVER LETTER**

TO: Registration Se Division of Co			
SUBJECT: 4/4-	Ho Euterpri (Name of Limited	275 LLC d Liability Company)	<del></del>
The enclosed Articles of	f Organization and fee(s) are su	bmitted for filing.	
Please return all corresp	ondence concerning this matter		
Jame	5 N. 7/4	Arme of Person)	TALLOS NO.
	MACK AVE		HASSEE AM
	(4		E. FLORI
TALIAhas	-ser F/A. =	(Address)  304  State and Zip Code)	· · · · · · · · · · · · · · · · · · ·
For further information of	concerning this matter, please c	all:	
JAMES W. Ho (Name	of Person)	at (850) 576- (Area Code & Daytime Tel	n 256 ephone Number)
Enclosed is a check fo	r the following amount:		
□ \$125.00 Filing Fee	☐ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center ( Tallahassee, FL 32301	s

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Hutto Exterprizes LL (Must end with the words "Limited Klability Company, "Limited Co	·C
(Must end with the words "Limited Liability Company, "Limited Co	impany" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of the princi	pal office of the Limited Liability Company is:
Principal Office Address:	Tailing Address:
JAHASSAY FIA.	FEET T
30304	
ARTICLE III - Registered Agent, Registered Of (The Limited Liability Company cannot serve as its own Registered business entity with an active Florida registration.)  The name and the Florida street address of the regis	Agent. You must designate an individual or another
JAMES N. Hut	<del>/</del> v
Florida street address  IA I I Ahasser Florida City, State, and 2	
Florida street address	(P.O. Box NOT acceptable)
/A ( /Ahass et F) City, State, and 2	<u>FIR 32</u> 304
Having been named as registered agent and to accelliability company at the place designated in this registered agent and agree to act in this capacity. all statutes relating to the proper and complete peand accept the obligations of my position as regist	certificate, I hereby accept the appointment as I further agree to comply with the provisions of erformance of my duties, and I am familiar with ered agent as provided for in Chapter 608, F.S.

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Title: "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	_
MERM MERM	JAMES N. HUETTO 2960 MAIK AVE TALLAMOSSER FLA 32304
	296 MAIK AVE
100 u	
MCKM	Gleun BrithN
	756 MAVIC AVE TAMASSET PLA 3230
<del>_</del>	
(Use attachment if necessary)	
•	oan the date of filing: OPTION
LE V: Effective date, if other the	nan the date of filing: (OPTION e must be specific and cannot be more than five busin
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LE V: Effective date, if other the ffective date is listed, the date or 90 days after the date of file REQUIRED SIGNATURE:  Signature of a si	member or an authorized representative of a member. with section 608.408(3), Florida Statutes, the execution
LE V: Effective date, if other the ffective date is listed, the date or 90 days after the date of file REQUIRED SIGNATURE:  Signature of a secondance of this document.	e must be specific and cannot be more than five busing.)  Lotto  member or an authorized representative of a member.
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