## L07000050322

(Requestor's Name)				
(Address)				
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PICK-UP WAIT	MAIL			
(Business Entity Name)				
(Document Number)				
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DIVISION OF CORPORATIONS

## **COVER LETTER**

TO: Registration Se Division of Co				
SUBJECT: Huma	r Holdings LLC (Name of Limited	1 Liability Company)		
The enclosed Articles of	f Organization and fee(s) are su	ubmitted for filing.		
Please return all corresp	ondence concerning this matte	r to the following:		
Matthew A	A. LaBuhn			
	C	Name of Person)		
Onda, La	Buhn, Rankin & E	Boggs Co., LPA		97 H
	(	Firm/Company)		马
266 Nort	h Fourth Street,	<del>,</del>		OT MAY 10 PH 1:20
		(Address)		- 23
Columbu	ıs, Ohio 43215			20
	(City	/State and Zip Code)		
For further information	concerning this matter, please	call:		
Matthew A. La		at ( 614 ) 716-05		
(Name	of Person)	(Area Code & Daytime T	elephone Number)	
Enclosed is a check for	or the following amount:			
<b>✓</b> \$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Certificate of State Certified Copy (additional copy is enco	ıs & .
	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	ons r Circle	

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Com	ipany is:	
Humar Holdings LLC		
(Must end with the words "Limited Liability Compa	any, "Limited Company" or their abbreviation "LLC," or "	L.C.,")
ARTICLE II - Address:		
	of the principal office of the Limited Liabili	ity Company is:
Principal Office Address:	Mailing Address:	
4611 Sandwich Court	4611 Sandwich Court	
Dublin, Ohio 43016	Dublin, Ohio 43016	
The name and the Florida street address  Robert J. Titmas	s of the registered agent are:  Name	OT MAY 10 PH 1: 20
27440 Harbor C	Ove	
	street address (P.O. Box NOT acceptable)	20
Bonita Springs,	FL 34134	9 5
	ty, State, and Zip	
liability company at the place design registered agent and agree to act in this statutes relating to the proper and con	t and to accept service of process for the above tated in this certificate, I hereby accept the ap to capacity. I further agree to comply with the applete performance of my duties, and I am fan to as registered agent as provided for in Chapt	ppointment as provisions of all niliar with and

(CONTINUED)
Page 1 of 2

Registered Agent's Signature (REQUIRED)

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member MGRM Gary Marcinick 4611 Sandwich Court Dublin, Ohio 43016 MGRM Michael K. Humes 13908 Rock Brook Court Clifton, VA 20142 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: \_. (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) **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.) Matthew A. LaBuhn Typed or printed name of signee Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation

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