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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: HIGH TECHNOLOGY MATERIALS, LLC.
(Name of Limited Liability Company)
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
VLADIMIR GOLUBEV
(Name of Person)
HIGH TECHNOLOGY MATERIALS, LLC.
(Firm/Company)
4650 LINKS VILLAGE DRIVE, APT. D305N
(Address)
PONCE INLET, FL 32127
(City/State and Zip Code)
For further information concerning this matter, please call:
VLADIMIR GOLUBEV 386 689-2069
(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\sum \$\sum \text{\$\sum \text{\$\sin \text{\$\sin \sin \text{\$\sin
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

AKTICLE I - Name:	
The name of the Limited Liability Company is:	
HIGH TECHNOLOGY MATERIALS	, LLC.
(Must end with the words "Limited Liability	y Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
	ncipal office of the Limited Liability Company is:
D 1000	N# 111
Principal Office Address:	Mailing Address:
4650 LINKS VILLAGE DR., APT. D305N	4650 LINKS VILLAGE DR., APT. D305N
PONCE INLET, FL 32127	PONCE INLET
ARTICLE III - Registered Agent, Registered	Office. & Registered Agent's Signature:
(The Limited Liability Company cannot serve as its own Registe	ered Agent. You must designate an individual or another
business entity with an active Florida registration.)	— — — — — — — — — — — — — — — — — — —
The name and the Florida street address of the re	
VLADIMIR GOLUBE	V ASS
Name	Y PR
4650 LINKS VILLAG	-n
	ress (P.O. Box NOT acceptable)
PONCE INLET	_{EI} 32127

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..

Registered Agent's Signature (REQUIRED)

City, State, and Zip

(CONTINUED)
Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

"MGR" = Mana		Name and Address:	
	ager anaging Member		
IVIOICIVI — IVI	anaging Memoer		
MGR		VLADIMIR GOLUBEV	
•		4650 LINKS VILLAGE DR., APT. D305N	
		PONCE INLET, FL 32127	
MGRM		YANA ZHEBELEVA	·
		4650 LINKS VILLAGE DR., APT. D305N	· · · · · · · · · · · · · · · · · · ·
		PONCE INLET, FL 32127	
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			 .
(Use attachmen	nt if necessary)		<u> </u>
(Use attachmen	it if necessary)		 .
•	•,	ne date of filing:	OPTIONAL)
CLE V: Effective	e date, if other than th	ne date of filing: (C	OPTIONAL) siness days prio
CLE V: Effective	e date, if other than th	ne date of filing: (C be specific and cannot be more than five bus	OPTIONAL) siness days prio
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CLE V: Effective effective date is leading to the control of the c	e date, if other than the isted, the date must date of filing.) GIGNATURE: Signature of a memical content of a m	ber or an authorized representative of a member. section 608.408(3), Florida Statutes, the execution estitutes an affirmation under the penalties of perjury	siness days prior 8 FEB 25 SECRETAR TALLAHASS

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)

Typed or printed name of signee