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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CSH SERVICES, LLC

Account Number : I20070000160

: (800)494-3124

Phone Fax Number

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## FLORIDA LIMITED LIABILITY CO.

# Hovan, LLC

<u>** ** ** ** ** ** ** ** ** ** ** ** ** </u>	Marie 19 Carlotte and Carlotte and Carlotte
Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00



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# ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

In compliance with Chapter 608, F.S.

#### <u>ARTICLE I</u> NAME

The name of the Limited Liability Company is:

HOVAN, LLC

## ARTICLE II ADDRESS

The mailing address and street address of the principal office o ${f \mathring{z}}$ Limited Liability Company is:

17425 SW 31ST COURT MIRAMAR, FLORIDA 33029

#### REGISTERED AGENT, REGISTERED OFFICE & ARTICLE III REGISTERED AGENT SIGNATURE

The name and the Florida street address of the registered agent are:

XANH VAN 17425 SW 31ST COURT MIRAMAR, FLORIDA 33029

Having been named as registered agent 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.

N/Registered Agent's signature

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ARTICLE IV MANAGEMENT

The Limited Liability Company is to be managed by one or more members and is, therefore, a Member Managed Company.

# ARTICLE V MEMBERS (optional)

MANAGING MEMBER
XANH VAN
17425 SW 31ST COURT
MIRAMAR, FLORIDA 33029

10 APR -8 AM 8:55

Signature of a number 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.

XANH VAN

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