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(F	Requestor's Name)	
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PICK-UP	☐ WAIT	MAIL
(E	Business Entity Nam	ne)
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Certified Copies	Certificates	of Status

Special Instructions to Filing Officer:

A. LUNT

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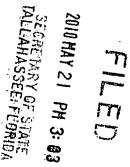
EXAMINER

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COVER LETTER

TO:	Registration Section Division of Corporations
SUBJI	ECT: Howe JIRTUAL, L.L.C. Name of Limited Liability Company
The en	closed Articles of Organization and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	CINDY HOWE Name of Person
	Howe VIRTUAL, L.L.C.
	5975 W. SUNRISE BLVD, SUITERS
	SUNRISE FLORIDA 33313 City/State and Zip Code howevirtual@gmail.com E-mail address: (to be used for future annual report notification)
For fur	ther information concerning this matter, please call:
<u>C1</u>	NDY Howe at (954) 895-8327 Name of Person Area Code & Daytime Telephone Number
Enclos	ed is a check for the following amount:
⊐ \$125.	00 Filing Fee \$\bigcup \text{\$130.00 Filing Fee & Certificate of Status \text{\$Certified Copy} & 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 Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:
Howe Virtual L.L.C. (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC,")
(Musi end with the words Emitted Liability Company, E.E.C., or EEC.)
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address: Mailing Address:
5975 W. SUNKISE BLVD. 5975 W. SUNKISE BLVD. SUITE 203 SUNKISE, FLOKIDA 33313 ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signäture: N
(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)
The name and the Florida street address of the registered agent are:
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual of another business entity with an active Florida registration.) The name and the Florida street address of the registered agent are: STEPHEN CAMERON SIQ. Name 28 W. FLAGLER ST, # 900
28 W. FLAGLER ST, # 900
Florida street address (P.O. Box NOT acceptable)
City, State, and Zip
City, State, and Zip
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)

(CONTINUED)
Page 1 of 2

(Use attachment if necessary) LE V: Effective date, if other than the offective date is listed, the date must be days after the date of filing.)	CINDY HOWE 5975 W. SUNRISE BUVE SUNRISE, FLORIDA 3:	TALLEAN ARSE OF STATE
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(In accordance with sect	tion 608.408(3), Florida Statutes, the execution tutes an affirmation under the penalties of perjury ein are true.)	
	Hows ped or printed name of signee	
Filing Fees:		

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