

L11000008999

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W1151160

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HLID LLC (Limited Liability Company)
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:

OLGA ULFARSSON
Name of Person
Ø
Firm/Company
1610 SEAGRAPE WAY
Address
Hollywood, FL 33019.
City/State and Zip Code
OLGAULFARSSON@yahoo.com
E-mail address: (to be used for future annual report notification)

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11 JAN 20 PM 4:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

OLGA ULFARSSON at (954) 927 2522
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for 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 Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 7, 2011

ULGA ULFARSSON
1610 SEAGRAPE WAY
HOLLYWOOD, FL 33019

SUBJECT: HLID LLC
Ref. Number: W11000001160

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11 JAN 20 PM 4:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for HLID LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan
Regulatory Specialist II

Letter Number: 611A00000656

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

HLID LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

1610 Seagrape Way
Hollywood, FL 33019

SAME

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 or another business entity with an active Florida registration.)

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

Olga Ulfarsson

Name

1610 Seagrape Way

Florida street address (P.O. Box NOT acceptable)

Hollywood FL 33019

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.

Olga Ulfarsson

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FLORIDA

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

MEM.

MGRM

MGRM

Name and Address:

Olga Ulfaresson
1610 Seagrape Way
Hollywood, FL 33019

Jakob ULFASSON
1610 Seagrape Way
Hollywood, FL 33019

Björn ULFASSON
2398 Sev. Neal Rd
Port St. Lucie FL 34953

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(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:

Jakob ULFASSON
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.)

JAKOB ULFASSON

Typed or printed name of signer

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)