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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Harrigan Restonations 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:
Kalil Hanrigan Name of Person
Firm/Company
4000 NWSIST Street, Apt H148
Gaines ville, FL 32606 City/State and Zip Code
Kbh 633 @ om or l. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Kalil Harrigan at (215) 620-4727 Name of Person at (215) 620-4727 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee Certificate of Status Status \$155.00 Filing Fee & Certificate of Status 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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:
Harrigan Restorations LLC. (Daust 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:
4000 NW SIST Street Apt H148 Gainesville, FL 32606 4000 NW SIST Street Apt H148 Gainesville, FL 32606
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:
Valid II.
Mame P T
Harry Mame Wanne 4000 NWS 1 ST Street, Apt H148 Florida street address (P.O. Box NOT acceptable) Gaines ville FL 32 6 0 6 City, State, and Zip
C 1 // 22 (C /
Cainesville FL SQ 606
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)

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

MER

Kalil Harrigan

4000 NWS1ST Street, Aut HIN
Gainesville, FL 32600

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 10/17/20/1. (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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Kalil Harrigan
Types 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)