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	questor's Name)	
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	diana)	<u></u>
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	> #)
PICK-UP	WAIT	MAIL
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(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer	
Opecial instructions to	Tilling Officer.	

Office Use Only



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2011 OCT 25 MIN: OC SECRETARY OF STATE

T. CLINE

OCT 26 2011

EXAMINER

COVER LETTER

	tion Section of Corporations		
SUBJECT:	The Harmony	Initiative LLC iited Liability Company	
	Name of Lim	nited Liability Company	
The enclosed Arti	cles of Organization and fee(s) ar	e submitted for filing.	
Please return all co	orrespondence concerning this ma	atter to the following:	
Tro	y Crider		
 		Name of Person	SE SE
	The Harman	y Initiative	ZOLI OCT 25 SECRETARY AULIANASSE
-	The Harmon	Firm/Company	ARY ASSE
330	8 mills Bayou	DC	. استوسا
		Address	OF STATE
mil	ton Florida	3,25,8,3	0,000
	(ity/State and Zip Code	
myki @ ail	starhyper Formances of	com OR Contact e deep!	southarms and ammo. Con
•	E-mail address: (to be used	for future annual report notification)	
For further inform	ation concerning this matter, plea	se call:	
Trou (Crider Name of Parson	850 \ 525 - 25	65
	Name of Person	at (850) S25 - 25 Area Code & Daytime Telephone	Number
- · · · ·			
	eck for the following amount:	_	
1 \$125.00 Filing Fe	e\$130.00 Filing Fee & Certificate of Status		0.00 Filing Fee, iificate of Status &
		(additional copy is enclosed) Cert	ified Copy
		(add	itional copy is enclosed)
	Mailing Address	Street/Courier Address	
	Registration Section Division of Corporations		
	P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle	
	141141145500, 1 15 52517	Tallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The Harmony Init	d Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of t	the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
3308 Mills Bayou Dr. Milton, FL 32583	3308 Mills Bayou Dr
	Trilled to 3830
ARTICLE III - Registered Agent, Regis (The Limited Liability Company cannot serve as its own business entity with an active Florida registration.)	stered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another
ARTICLE III - Registered Agent, Regis (The Limited Liability Company cannot serve as its own business entity with an active Florida registration.) The name and the Florida street address of	stered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or mother to the registered agent are:
ARTICLE III - Registered Agent, Regis (The Limited Liability Company cannot serve as its own business entity with an active Florida registration.) The name and the Florida street address of Troy Cric	stered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or mother to the registered agent are:
ARTICLE III - Registered Agent, Regis (The Limited Liability Company cannot serve as its own business entity with an active Florida registration.) The name and the Florida street address of Troy Cric 3308 Mills	stered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or mother to the registered agent are:
ARTICLE III - Registered Agent, Regis (The Limited Liability Company cannot serve as its own business entity with an active Florida registration.) The name and the Florida street address of Troy Cric 3308 Mills Florida street	Stered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual orangement of the registered agent are: Ser Name BAyou Dr eet address (P.O. Box NOT acceptable)
ARTICLE III - Registered Agent, Regis (The Limited Liability Company cannot serve as its own business entity with an active Florida registration.) The name and the Florida street address of Troy Cric 3308 Mills Florida street	stered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or mother to the registered agent are:

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:

MGR	Troy Crider 3308 Mills BAyou Dr. Milton FC 32583
	TTHING PC 32363
	Acc 2
	SECRETARY CHASAMASSE
	TARY TASSE
	E G
(Use attachment if necessary)	FLORIDA
LE V: Effective date, if other than the c	late of filing: (OPTIONAL)

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.)

Troy Crider
Typed 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)