

| (Re | equestor's Name) | | |
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| (Ci | ty/State/Zip/Phon | e #) | |
| PICK-UP | ☐ WAIT | MAIL | |
| (Bu | ısiness Entity Nar | ne) | |
| (Document Number) | | | |
| Certified Copies | _ Certificates | s of Status | |
| Special Instructions to | Filing Officer: | | |
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EXAMINER



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SECRETARY OF STATE
ALLAHASSEE, FLORID

COVER LETTER

| TO: | Registration Section Division of Corporations | |
|----------|---|--|
| SURIE | ECT: H.D. Technologies, LLC. | |
| 30131 | Name of Limited I | |
| The en | nclosed Articles of Organization and fee(s) are sub | mitted for filing. |
| Please | return all correspondence concerning this matter t | to the following: |
| | Ralph Wadsworth | |
| | Na | me of Person |
| | H.D. Technologies, LLC. | |
| | Fü | rm/Company |
| | 100 E. La Habra Blvd. | |
| | | Address |
| (| La Habra, CA 90631 | |
| | | ate and Zip Code |
| - | rwadsworth@hdonaldson.org E-mail address: (to be used for f | uture annual report notification) |
| For fur | rther information concerning this matter, please ca | |
| Ralpl | oh Wadsworth | 562 501-1260 |
| | Name of Person | Area Code & Daytime Telephone Number |
| Enclos | sed is a check for the following amount: | |
| \$125.00 | 0 Filing Fee \$\bigs\tag{\$130.00 Filing Fee & Certificate of Status} | \$155.00 Filing Fee & Signature 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: | |
| H.D. Technologies, LLC. (Must end with the words "Limited Liability) | ty Company, "L.L.C.," or "LLC.") |
| | ncipal office of the Limited Liability Company is: |
| Principal Office Address: | Mailing Address: |
| 880 Mandalay Dr., #S301 Clearwater Beach, FL 33767 | 880 Mandalay Dr., #S301 Clearwater Beach, FL 33767 |
| ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.) The name and the Florida street address of the respective Ralph Wadsworth | red Agent. You must designate an individual or another |
| Name | |
| 880 Mandalay Dr. | F ₹1 ' |
| Florida street addr | ess (P.O. Box NOT acceptable) |
| Clearwater Beach | _{EL} 33767 |
| City, Stat | e, and Zip |
| liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per accept the obligations of my position as registed. | ccept service of process for the above stated limited is certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and level agent as provided for in Chapter 608, F.S |

(CONTINUED)

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

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

| "MGRM" = Managing Member | Name and Address: |
|--|---|
| MGRM | Ralph Wadsworth 880 Mandalay Dr., #S301 Clearwater Beach, FL 33767 |
| | |
| | |
| | |
| (Use attachment if necessary) RTICLE V: Effective date, if other than t f an effective date is listed, the date must or 90 days after the date of filing.) | the date of filing: n/a (OPTIONAL) t be specific and cannot be more than five business days prio |
| REQUIRED SIGNATURE: | |
| REQUIRED SIGNATURE: | ber or an authorized representative of a member. |
| REQUIRED SIGNATURE: Signature of men (In accordance with section of constitutes an affirmation under the constitutes and affirmation under the c | ber or an authorized representative of a member. 508.408(3), Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true. Formation submitted in a document to the Department of State ony as provided for in s.817.155, F.S.) |

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)