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(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
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Certified Copies Certificates of Status
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Special Instructions to Filing Officer:
Joseph
AUTHORIZATION BY PHONE TO
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COVER LETTER

Division of Corporations	
SUBJECT: Hiduke Exotics, 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:	
Joseph Hiduke	
Name of Person	
Firm/Company	
2005 E 5th Ave	
Address	
Tampa, FL 33605	
City/State and Zip Code	
jhiduke611@yahoo.com E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Joseph Hiduke219-1555	
Name of Person Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\bigcup \text{\$130.00 Filing Fee & Certificate of Status}\$ Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	tus &
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:

	(Must end with the words "Lir	ed Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II The mailing a		f the principal office of the Limited Liability Comp	any is
Principal Of	fice Address:	Mailing Address:	
2005 E 5th A		2005 E 5th Ave Tampa, FL 33605	
(The Limited Liab business entity w	II - Registered Agent, Rebility Company cannot serve as its with an active Florida registration.)	istered Office, & Registered Agent's Signature: wn Registered Agent. You must designate an individual or another.	;
(The Limited Liab business entity w	II - Registered Agent, Resility Company cannot serve as its with an active Florida registration.) If the Florida street addres	istered Office, & Registered Agent's Signature: wn Registered Agent. You must designate an individual or another.	;
(The Limited Liab business entity w	II - Registered Agent, Registre Agent, Registre Agent, Registry Company cannot serve as its with an active Florida registration.) If the Florida street addres Joseph Hiduke 2005 E 5th	istered Office, & Registered Agent's Signature: wn Registered Agent. You must designate an individual or another.	; = T
(The Limited Liab business entity w	II - Registered Agent, Registre Agent, Registre Agent, Registry Company cannot serve as its with an active Florida registration.) If the Florida street addres Joseph Hiduke 2005 E 5th	istered Office, & Registered Agent's Signature: An Registered Agent. You must designate an individual or another. An Archive Signature: Name AVE	;

d 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:	Name and Address:	
"MGR" = Manager "MGRM" = Managing Member		
WORW — Wallaging Wichibel		
MGRM	Joseph Hiduke	_
	2005 E 5th Ave	_
	Tampa, FL 33605	_
-,-		
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(Use attachment if necessary)		-
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\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)