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DEPARTMENT OF STATE

IZ DEC 31 PM IZ:

J. SAULSBERRY EXAMINER DEC 31 2012

COVER LETTER

TO:	Registration S Division of Co		á,		
SUBJE	ect: Har	Mony Complex Name of Limited	Liability Company		
The end	closed Articles o	f Organization and fee(s) are sub	omitted for filing.		
Please	return all corresp	ondence concerning this matter	to the following:		
	Hu	Fang Liu	ame of Person		
		F	irm/Company	·	
	4171	Conneil Rol	Address		
-	pe !nso	184/iu@ 9 ma	State and Zip Code Com future annual report notification)	ZBIZ DEC 31 SEURITANY TALI AHASSE	
For fur	ther information	concerning this matter, please ca	all:		: 17
	Hui Fo	of Person	Area Code & Daytime Telephone	OF STATE Number	, <u>,</u>
Enclos	sed is a check f	or the following amount:			
□ \$125.	00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	Certified Copy Ce (additional copy is enclosed) Ce	60.00 Filing Fee, ertificate of Status & ertified 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 1 - Name:

The name of the Limited Liability Company is:

Harmony Complex 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:

4171 Connell Rel P.O. Box 1024 Perry. FL 32347 perry. FL 3234	Principal Office Address:	Mailing Address:
pern. FL 32347 pern. FL 8034	4171 Connell Rel	P.O. Box 1024
	Dex M. FL 32347	norn = 32348

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

(The Limited Liability Company cannot serve as its own-Registered Agent. You must designate an individual or anothe business entity with an active Florida registration.)

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

HUI FANG LIU

Name

Name

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

City, State, and Zip

Page 120

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.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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	
MGRM	Hui Fang Liu 4171 Connell Rd
MGRM	Guoyy Guo
	Perry FL 3>347
(Use attachment if necessary)	1 1
RTICLE V: Effective date, if other than the fan effective date is listed, the date mutior to or 90 days after the date of filing.)	ist be specific and cannot be more than five business da
,	TAE
DECLUDED CLONATUDE.	<u> </u>

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.)

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)