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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	· · · · · · · · · · · · · · · · · · ·
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	
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(850) 245-6051. COVER LETTER
TO: Registration Section Division of Corporations
SUBJECT: Humble Beasts 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:
JILL Hardester
Name of Person
Humble Beasts
Firm/Company
4308 LAKEWOODE DR
Address
Delvay Beach, 71 33445
Delvay Beach, 71 33445 City/State and Zip Code Jill hardester @msn. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
JIII Hardester at (56) 706-2466 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
□\$125.00 Filing Fee \$\sum 2\$\sum 30.00 Filing Fee \$\sum 2\$\sum 5\sum 130.00 Filing Fee \$\sum 2\$\sum 5\sum 155.00 Filing Fee \$\sum 2\$\sum 5\sum 160.00 Filing Fee, Certificate of Status \$\sum 2\$\sum 155.00 Filing Fee \$\sum 2\$\sum 5\sum 160.00 Filing Fee, Certificate of Status \$\sum 2\$\sum 155.00 Filing Fee \$\sum 2\$\sum 5\sum 160.00 Filing Fee, Certificate of Status \$\sum 2\$\sum 155.00 Filing Fee \$\sum 2\$\sum 5\sum 160.00 Filing Fee \$\sum 25\sum 160.00 Filing Fee \$\s

Mailing Address

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address

(additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Certified Copy

(additional copy is enclosed)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Company is:		
Humble Beast	3 LLC.	·
(Must end with the words "Limited Liabili	ty Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Li	ability Company is:
Principal Office Address:	Mailing Address:	
F308 Lakewood Dr Delvay Beach, Fl 33445	1308 Lakewood Delray Beach, F 33445	ode Dr
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 re		
JillHard	ester	
Name		
JillHard Name 4308 Lake	woode Dr	
Florida street add	ress (P.O. Box <u>NOT</u> acceptable)	
Delvary Beach City, Sta	FL 33445 te, and Zip	
Having been named as registered agent and to a liability company at the place designated in the registered agent and agree to act in this capacital statutes relating to the proper and complete and accept the obligations of my position as reg	his certificate, I hereby accept t ty. I further agree to comply w e performance of my duties, and	he appointment as ith the provisions of I I am familiar with
Registered Agent's Signati	Varelesta) ure (REQUIRED)	13 MAR 15 SECRETARY TALLAMASS
(CONTIN	UED)	
Page 1 of 2	:	25 5 D

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRI	Jill Hardester 4308 Lakewoode Dr Delray Beach, F1 334
(Use attachment if necessary)	
	e date of filing: (OPTION it be specific and cannot be more than five busin
REQUIRED SIGNATURE:	L'Hardester
Signature of a member	er or an authorized representative of a member.
(In accordance with section 60% constitutes an affirmation unde I am aware that any false information constitutes a third degree felong	8.408(3), Florida Statutes, the execution of this document of the penalties of perjury that the facts stated herein are true. In the penalties of perjury that the facts stated herein are true of submitted in a document to the Department of State by as provided for in s.817.155, F.S.)

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)