

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H13000233013 3)))



H130002330133ABCQ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : HUBCO
Account Number : 104662003400
Phone : (516) 935-3940
Fax Number : (800) 293-4075

FILED
13 OCT 21 AM 11:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: lovett.qpa@aol.com

FLORIDA LIMITED LIABILITY CO.
Hidden Treasure Holding, LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

RECEIVED
13 OCT 21 PM 2:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALLY
EXAMINER
OCT 22 2013

ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

H13000233013

ARTICLE I - Name

The name of the Limited Liability Company is: **Hidden Treasure Holding, LLC**

ARTICLE II - Address

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

6216 N. 42nd Street

6216 N. 42nd Street

Tampa, FL 33610

Tampa, FL 33610

FILED
13 OCT 21 AM 11:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III - Registered Agent, Registered Office & Registered Agent's Signature

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

Foster Lovett

Name

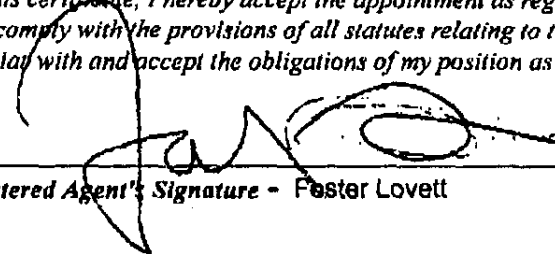
400 East MLK Boulevard #3108

(P.O. Box or Mail Drop Box NOT Acceptable)

Tampa, FL 33603

(City / State / 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 - Foster Lovett

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

H13000233013

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

Title:

Name and Address:

"MGR" = Manager

"MGRM" = Managing Member

MGRM

Lonnie Alexander - 6201 N. 42nd Street, Tampa, FL 33603

MGRM

Ryan Alexander - 6212 N. 42nd Street, Tampa, FL 33603

(Use attachment if necessary)

REQUIRED SIGNATURE:

Lonnie Alexander

Signature of a member or 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.)

Lonnie Alexander

Typed or printed name of signee