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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #) ·
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificate	S OI Status
Special Instructions to	Filing Officer:	

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SECTION 0. SE



COVER LETTER

	egistration Section ivision of Corporations
SUBJECT	: HOILY Flanklin Investment L Name of Limited Liability Company
The enclos	ed Articles of Organization and fee(s) are submitted for filing.
Please retu	rn all correspondence concerning this matter to the following:
	HOlly Franklin Name of Person
	Firm/Company
	8724 MINNOW CREEK DRIVE
	Tallahaster FL 32312
	City/State and Zip Code Nollywould. 520 egmail. com E-mail address: (to be used for future annual report notification)
For further	information concerning this matter, please call: 912 HOLLY Franklin at See 308-9393 Name of Person Area Code & Daytime Telephone Number.
Enclosed	is a check for the following amount:
□\$125.00	Filing Fee \$\sim \\$\sim
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
HOILY FLOWICLI	n investment LLC y Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the prin	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
8724 MINNOW COLEK DR TALLAHASSEE FL 32312	€ SAME
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-	En O
	ess (P.O. Box NOT acceptable)
TALL AH ASS EE City, Stat	e, and Zip
liability company at the place designated in the registered agent and agree to act in this capacit all statutes relating to the proper and complete	ccept service of process for the above stated limited his certificate, I hereby accept the appointment as ty. I further agree to comply with the provisions of performance of my duties, and I am familiar with histered 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:

	<u>Title:</u> "MGR" = Manager	Name and Address:	
	"MGRM" = Managing Member		
•	MGRM	HOLLY FRAKKLING 8724 & MINNOW CREEK DRIVE TALLHASSEE, FL 32312	
	MCIR	HILLARY FRANKLIN. 5303 SAINT IVES LN. TALLHASSEE, FL 32309	
		<u> </u>	
	(Use attachment if necessary)		
If an	CLE V: Effective date, if other than the date effective date is listed, the date must be to or 90 days after the date of filing.)	ate of filing: (OPTIONAL) e specific and cannot be more than five business days	
	REQUIRED SIGNATURE:		
	Signature of a member o	r 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)