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COVER LETTER

	ision of Corporations	,	** & *
SUBJECT:	Hortsch Valuation	n Services, LLC	
Sebute 1.	Name of L.	imited Liability Company	
The enclosed	d Articles of Organization and fee(s)	are submitted for filing.	
Please return	all correspondence concerning this i	matter to the following:	
	Jeffrey M. Hortsc	h	
-		Name of Person	·
	Hortsch Valuation	n Services, LLC	
-		Firm/Company	
	1844 Mountain A	sh Way	
_		Address	-
	New Port Richey	, FL 34655	
-		City/State and Zip Code	
-	hortsch@msn.com E-mail address:	(to be used for future annual report	notification)
For further i	nformation concerning this matter, pl		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Jeff ⊦	lortsch at (727 940-4757 Area Code Daytime Telephor	
	Name of Person	Area Code Daytime Telephor	ne Number
Enclosed is	a check for the following amount:		_
√ \$125.00 Fili	ng Fee \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address	Street/Courier Addre	66

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

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:					
The name of the Limited Liability Com	pany is:				
Hortsch Valuation Services, LLC					
(Must end with the	e words "Limited	Liability Company,	"L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street address of	of the principal of	fice of the Limited L	Liability Company is:		
Principal Office Address:	<u>Mailir</u>	ng Address:			
1844 Mountain Ash Way		1844 Mountain Ash Wa	ау		
New Port Richey, FL 34655		New Part Richey, FL 3-	4655	-	
					
	Serve as its own lorida registration of the registered Name Name May ddress (P.O. Box	Registered Agent. You.)		ividual or TALLAHASSEEL FLOO	2014 JAN -2 PH 4: 1
New Port Ri	chey	FL 34655		25	
	City	Zip		シ=' '	00
Having been named as registered agent the place designated in this certificat capacity. I further agree to comply with of my duties, and I am familiar with a Registere	te, I hereby accept th the provisions of accept the obl. Chapt	the appointment as r of all statutes relating	registered agent and agre to the proper and comple	re to act in t ete perform provided fo	this iance

(CONTINUED)

Page 1 of 2

l'itle:	Name and Address:
'AMBR" = Authorized Member	
'MGR" = Manager	
AMBR	Jeffrey M. Hortsch
	1844 Mountain Asn Way
	New Port Richey, FL 34655
f filing.)	ific and cannot be more than five business days prior to or 90 days
	and cannot be more than five business days prior to or 70 day.
f filing.)	and cannot be more than five business days prior to or 70 day.
f filing.) E VI: Other provisions, if any.	
f filing.) EVI: Other provisions, if any.	
f filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE:	M/20 12/28/201
f filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature/of a mem	12/28/201
f filing.) E VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a mem (In accordance with section 60	12/28/20/ aber or an authorized representative of a member. 05.0203 (1) (b), Florida Statutes, the execution of this document
f filing.) E VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a mem (In accordance with section 60 constitutes an affirmation unc	aber or an authorized representative of a member. 15.0203 (1) (b), Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true.
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