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Office Use Only



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SECRETARY OF STATE

2014 JAN 30 PH 4: 1

K. SALY EXAMINER EFB 3 2014

COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJE	Cliff's Hidden T	reasur	es LLC	
SUBJE		Limited Liabi	ility Company	with the second
The end	closed Articles of Organization and fee(s) are submitte	ed for filing.	
Please	return all correspondence concerning this	matter to the	following:	
	Clifton E. Noble			
		Name o	f Person	
		Firm/C	ompany .	
	116 Phillips Driv	е		
		Add	ress	
	Seffner, FL. 335	84		
	 	City/State a	nd Zip Code	· · ·
	noble.cliff@yahoo.com			
	E-mail address	: (to be used	for future annual report notification	1)
For furt	ther information concerning this matter, p	lease call:		
Clif	ton Noble	813	, 297-8866	
	Name of Person	Area Code	Daytime Telephone Number	
Enclose	ed is a check for the following amount:			
-	9 Filing Fee \$\frac{1}{\sqrt{130.00}}\$130.00 Filing Fee \$\frac{1}{2}\$Certificate of Status	Certi	fied Copy Certific nal copy is enclosed) Certified	Filing Fee, ate of Status & d Copy I 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 Lim	ited Liability Con	npany is:		
				E A
Cliff's Hidden Treasures	LLC			\$00 E
	(Must end with th	ne words "Lim	nited Liability Company, '	"L.L.C.," or "LLC.")
ADTRICT D II A LA				# 6 C
The mailing address	-	of the princip	al office of the Limited L	ighility Company is:
The maning address	and street address	or the princip	iai office of the Limited L	claulity Company is.
Principal Office Ad	dress:	<u>M</u>	lailing Address:	10.5 × 5
11325 Highway 92			116 Phillips Drive	The state of the s
Seffner, FL 33584			Seffner, FL 33584	
	y Company canno	ot serve as its		's Signature: ou must designate an individual or
The name and the Flo	orida street addres	s of the regist	ered agent are:	
	Clifton E. Noble			
		N	ame	
	116 Phillips Drive	•		
	Florida street	address (P.O.	Box NOT acceptable)	
	Seffner		FL 33584	
		City	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 605, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

<u>litle:</u>	Name and Address:
AMBR" = Authorized Member	
MGR" = Manager	
MGR	Clifton E. Noble
	116 Phillips Drive
	Seffner, FL. 33584
	-
······································	
	<u>,, </u>

V: Effective date, if other than the dative date is listed, the date must be s	te of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90
V: Effective date, if other than the date tive date is listed, the date must be s filing.)	te of filing: (OPTIONAL) pecific and cannot be more than five business days prior to or 90
Use attachment if necessary) V: Effective date, if other than the date tive date is listed, the date must be so filing.) EVI: Other provisions, if any. REQUIRED SIGNATURE:	pecific and cannot be more than five business days prior to or 90
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