(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entity Name)
(Danum ant Niverban)
(Document Number)
Out to the state of Change
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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FEB 1 9 2014
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Office Use Only



700256604507 FILING CANCELLED RETURNED CHECK

02/14/14--01010--025 \*\*130.00

## **COVER LETTER**

TO:	Registration Section Division of Corporations		
SUBJE	CT: EHudak Management, LLC	mited Liability Company	
	Name of Ed	miled Elability Company	
The enc	losed Articles of Organization and fee(s) a	re submitted for filing.	
Please re	eturn all correspondence concerning this n	natter to the following:	
	Eric Hudak		
	·	Name of Person	
	EHudak Management		
		Firm/Company	
	4170 Washington Lane Apt. 202, N		2014 F
		Address	AHA
	Naples, FL 34116		VSSEL VSSEL
		City/State and Zip Code	OF SIATE
EH	udakManagement@gmail.com	ed for future annual report notification)	ORI <b>*</b> 2
			Zu. •
For furth	ner information concerning this matter, ple	ase call:	
Eric Hu	dak at (	239 ) 300-1805	
	Name of Person	Area Code Daytime Telepho	ne Number
Enclosed	is a check for the following amount:		
_	Filing Fee \$\sum \$\sum \$\sum \$\sum \$\sum \text{\$\sum \$\sum \$	Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy Iditional 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 Ci Tallahassee, FL 32301	ircle

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:	FILING CANCELLED
The finale of the Billion Blue Blue into Company to.	RETURNED CHECK
EHudak Management, LLC	
(Must end with the words "Limite	ed Liability Company, "L.L.C.," or "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:
830 3rd ST NW	4170 Washington Lane
Naples,FL 34120	Apt. 202
	Naples, FL 34116
another business entity with an active Florida registrati  The name and the Florida street address of the registere  Eric Hudak  Nam  4170 Washignton Lane Apt.	ad agent are:
Florida street address (P.O. Bo	
Naples	FL 34116
City	Zip 👸 📸
the place designated in this certificate, I hereby acce capacity. I further agree to comply with the provision of my duties, and I am familiar with and accept the o	service of process for the above stated limited liability company at apt the appointment as registered agent and agree to act in this is of all statutes relating to the proper and complete performance abligations of my position as registered agent as provided for in apter 605, F.S

(CONTINUED)
Page 1 of 2

TIAL.	horized to manage and control th	
<u>Title:</u>	Name and Address:	FILING CANCELLE
"AMBR" = Authorized Member		RETURNED CHECK
"MGR" = Manager MGR	Eric M Hudak	KETOKNED CHECK
Man	4170 Washington La	ne Ant 202
	Naples, FL 34116	110 Apr 202
		52
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-		2
		01
	<del></del>	
	<del></del>	
(Use attachment if necessary)  LE V: Effective date, if other than the date of the feetive date is listed, the date must be spe	of filing:	(OPTIONAL) ive business days prior to or 90 days af
e of filing.)		
<b>0</b> ,		
CLE VI: Other provisions, if any.		
<b>G</b> ,	<u></u>	
CLE VI: Other provisions, if any.	<u> </u>	
REQUIRED SIGNATURE:  Signature of a mer  (In accordance with section 605 constitutes an affirmation under I am aware that any false inform	nber or an authorized represe 5.0203 (1) (b), Florida Statutes, to the penalties of perjury that the mation submitted in a document to as provided for in s.817.155, F.	he execution of this document facts stated herein are true. o the Department of State

Typed or printed name of signee

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)