11400065469

(Re	equestor's Name)	
(Ac	ldress)	
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PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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FLORIDA DEPARTMENT OF STATE Division of Corporations

April 4, 2014

CHARLENE RANALLI ECHION USA INC. 8890 W. OAKLAND PARK BLVD, SUITE 201 SUNRISE, FL 33351

SUBJECT: HOLT, LLC

Ref. Number: W14000021591

We have received your document for HOLT, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "LC.," "Ltd.," and "Co."

The document number of the name conflict is 221868.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce Regulatory Specialist II

Letter Number: 114A00007262

www.sunbiz.org

COVER LETTER

TO:	Registration Sec Division of Corp					
SUBJE	ECT: <u>HOLT, LLC</u>		nited Liability Company			
The en	closed Articles of C	organization and fee(s) a	re submitted for filing.			
Please	return all correspon	dence concerning this m	atter to the following:			
	Charlene Ra	nalli	Name of Person			
	Echion USA	Inc.	Firm/Company		_	
	8800 W. Oak	rland Bark Blyd Suita				
	<u>6690, VV. Oar</u>	kland Park Blvd, Suite	Address		_	
	Sunrise, FL		Sity/State and Zip Code		2014 APR	
_ch	narlene.ranalli@ec E	hion net	d for future annual report notifica	ution)	PR 18	W.DCJAZI
For fur	ther information co	ncerning this matter, plea	ase call:	하는 변수 모수	P# 5	
Charle	ene Ranalli Name of	at (!		lephone Number	5: 04	and Hilliam Son
Enclose	ed is a check for the	following amount:				
☑ \$125.0	0 Filing 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 enc		
	Registral Division P.O. Bo	Address tion Section of Corporations of 6327 see, FL 32314	Street/Courier Add Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 3236	ions er Circle		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
HOLTUS HOLT Investor	
(Must end with the words "Limited L	iability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal offi	ice of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
8890 W. Oakland Park Blvd, #201 Sunrise, FL 33351	8890 W. Oakland Park Blvd. #201 Sunrise, FL 33351
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own R another business entity with an active Florida registration.	egistered Agent. You must designate an individual or
The name and the Florida street address of the registered a	gent are:
Daniel Hotte Name	· · · · · · · · · · · · · · · · · · ·
trune	
8890 W. Oakland Park Blvd, St	
Florida street address (P.O. Box)	NOT acceptable)
Sunrise	<u>FL 33351</u>
City	Zip
the place designated in this certificate, I hereby accept to capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the oblig	the appointment as registered agent and agree to act in this fall statutes relating to the proper and complete performance gations of my position as registered agent as provided for in r605, F.S.
(CONTINUE	D)

Page 1 of 2

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:	
MGR	Daniel Hotte	
· · · · · · · · · · · · · · · · · · ·	8890 W. Oakland Park Blvd, #201	
	Sunrise, FL 33351	
MGR	A.J. Beit III	
MOIX	515 East Las Olas Boulevard, #400	
	Fort Lauderdale, FL 33301	
•		
	•	
(Use attachment if necessary) EV: Effective date, if other than the date is listed, the date must of filing.)	te date of filing: (OPTIONAL) be specific and cannot be more than five business days prior to or 90 day	s afte
EV: Effective date, if other than the crive date is listed, the date must	te date of filing: (OPTIONAL) be specific and cannot be more than five business days prior to or 90 day	s afte
EV: Effective date, if other than the ctive date is listed, the date must of filing.)	be specific and cannot be more than five business days prior to or 90 day	s afte
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E V: Effective date, if other than the ective date is listed, the date must of filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of the ection of	f a member or an authorized representative of a member. ion 605.0203 (1) (b), Florida Statutes, the execution of this document in under the penalties of perjury that the facts stated herein are true. information submitted in a document to the Department of State information approvided for in s.817.155, F.S.)	s afte
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