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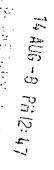
(R	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

Registration Section Division of Corporations		
ECT: <u>Hopeful Hearts Cat Rescue LLC.</u> Name of Li	mited Liability Company	
closed Articles of Organization and fee(s) a	are submitted for filing.	
return all correspondence concerning this n	natter to the following:	
Lisa Hill		
	Name of Person	
Affordable Auto Appraisals		
	Firm/Company	
6808 Highway 2301		
	Address	
Panama City, FL 32404	City/State and Zip Code	
tsathillmanor@gmail.com E-mail address: (to be use	ed for future annual report notifica	ation)
ther information concerning this matter, ple	ease call:	
i <u>j </u> at (at (at (at (850) 624-7256	
Name of Person	Area Code Daytime Te	lephone Number
ed is a check for the following amount:		
0 Filing Fee	☐\$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 Add	ress
Registration Section Division of Corporations	Division of Corporation	tions
P.O. Box 6327	Clifton Building	
	Division of Corporations CCT: Hopeful Hearts Cat Rescue LLC. Name of Licelosed Articles of Organization and fee(s) are turn all correspondence concerning this matter are turn all correspondence concerning this matter. Lisa Hill Affordable Auto Appraisals 6808 Highway 2301 Panama City, FL 32404 tsathillmanor@qmail.com E-mail address: (to be use ther information concerning this matter, please ther information concerning this matter, please as a check for the following amount: Name of Person Mailing Address Registration Section Division of Corporations P.O. Box 6327	CCT: Hopeful Hearts Cat Rescue LLC. Name of Limited Liability Company closed Articles of Organization and fee(s) are submitted for filing. return all correspondence concerning this matter to the following: Lisa Hill Name of Person Affordable Auto Appraisals Firm/Company 6808 Highway 2301 Address Panama City, FL 32404 City/State and Zip Code tsathillmanor@gmail.com E-mail address: (to be used for future annual report notificate information concerning this matter, please call: Area Code Daytime Teed S130.00 Filing Fee & Certified Copy (additional copy is enclosed) Mailling Address Street/Courier Add Registration Section Division of Corporations P.O. Box 6327 City/State and Zip Code Division of Corporations Clifton Building

Tallahassee, FL 32301

ARTICLES OF ORGA	ANIZATION FOR FLORIDA LIMITED LIABILITY (COMPANY
ARTICLE I - Name: The name of the Limited Liability Con	npany is:	
Hopeful Hearts Cat Rescue LLC.	ne words "Limited Liability Company, "L.L.C.," o	or "I I C ")
(Must end with the	le words Emitted Liability Company, E.E.C., C	n LLC.)
ARTICLE II - Address: The mailing address and street address	of the principal office of the Limited Liability Co	ompany is:
Principal Office Address:	Mailing Address:	
7141 Keiber Circle	6808 Highway 2301	
Youngstown, FL 32466	Panama City, FL 32404	
		
another business entity with an active The name and the Florida street address Lisa Hill	ss of the registered agent are: Name	
7141 Keiber (Circle address (P.O. Box NOT acceptable)	
Florida street	address (P.O. Box NOT acceptable)	
Youngstown	FL 32466	
	City Zip	
the place designated in this certifical capacity. I further agree to comply w	nt and to accept service of process for the above state, I hereby accept the appointment as registered with the provisions of all statutes relating to the provision accept the obligations of my position as registed the Chapter 605, F.S	agent and agree to act in this per and complete performance

(CONTINUED)

Page 1 of 2

Signature of a member or an authorized representative of a member. (In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this documer 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.) Lisa Hill Typed or printed name of signee	Use attachment if necessary) 2. V: Effective date, if other than the date of filing: Cive date is listed, the date must be specific and cannot be more than five business days prior to or 9t filing.) 2. VI: Other provisions, if any. 2. VI: Other provisions, if any. 2. VI: Other provisions, if any. 3. VI: Other provisions are that any false information submitted in a document to the Department of State constitutes an affirmation under the penalties of perjuny 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.) Lisa Hill Typed or printed name of signee Filling Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certified Copy (Optional)	Lisa Hill 7141 Keiber Circle Youngstown, FL 32466 Than the date of filing: Than the date of a member or an authorized representative of a member. The must be specific and cannot be more than five business days prior to or 9 and the second of 5.0203 (1) (b), Florida Statutes, the execution of this document immation under the penalties of perjury that the facts stated herein are true, my false information submitted in a document to the Department of State in degree felony as provided for in s.817.155, F.S.) Hill Typed or printed name of signee Filing Fees: rticles of Organization and Designation of Registered Agent	itle:	Name and Address:
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