## #1 14000137196

(Requestor's Name)
(Address)
(Address)
(City (Chata (Zin (Chana 4)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Happy Humb	DER SEVEN  ne of Limited Liability Company
Nam Nam	ne of Limited Liability Company
The enclosed Articles of Organization and	fee(s) are submitted for filing.
Please return all correspondence concerning	ng this matter to the following:
Andres	Leguizamon Name of Person
	Name of Person
Hap	Pry Number Seven
900	05 DAK DRIVE Address
	Address
PAH	metto, FL 34221
legu	City/State and Zip Code i zamon. ana (es @ gmuil. wm o be used for future annual report notification)
E-mail addreks/ (to	o be used for future annual report notification)
For further information concerning this ma	tter, please call:
Andres Leguizamon	at (941) 266-2193  Area Code Daytime Telephone Number
Name of Person	Area Code Daytime Telephone Number
Enclosed is a check for the following amou	int:
□ \$125.00 Filing Fee □ \$130.00 Filing Certificate of S	
<u>Mailing Address</u>	Street/Courier 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

	ed Liability Company is:	_			
Happ	Humber Sever Must end with the words "Limi	1 LLC	omnony "LLC"	or W. I. C. Wird C.	
(n)	Must end with the words Limit	red Liability C	ompany, L.L.C.,	of LLC.	
ARTICLE II - Address The mailing address an	ss: Id street address of the principa	al office of the	Limited Liability (	Company is:	25
Principal Office Addr	·ess:	<u>Mailing</u>	Address:		19 B
9005 OAK Driv	P	9005	DAKDLING	•	705
Palmetto FL3	भॅग्या	Palme	10, FL 34	221	
·	with an active Florida registration with an active Florida register with the registe	red agent are:	amon		
•	8005 OAK DRII	ve			
	Florida street address (P.O. I	Box <u>NOT</u> acce	ptable)	•	
	Palmetto	FL	34221		
	City	· · · · · · · · · · · · · · · · · · ·	Zip	•	
the place designated capacity. I further ag	s registered agent and to accept d in this certificate, I hereby acc gree to comply with the provisio am familiar with and accept the Ch	cept the appoir	ntment as registered es relating to the pr my position as regi	l agent and agree oper and complet	to act in this e performance

(CONTINUED)

Page 1 of 2

Title:	Name and Address:
'AMBR" = Authorized Men 'MGR" = Manager	
M6R	Andres regulization
	PALMETTO, FL SUZZI
M6R	Rebua Kimmitz
MOL	and Oak Dave
	Palmette, FL 3422 Do
,	
,	
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ctive date is listed, the date f filing.) E VI: Other provisions, if an	nan the date of filing: (OPTIONAL) must be specific and cannot be more than five business days prior to or 90
EV: Effective date, if other ctive date is listed, the date f filing.)  EVI: Other provisions, if any continuous signature Signa	must be specific and cannot be more than five business days prior to or 90  All the date of filing:
E V: Effective date, if other ctive date is listed, the date f filing.)  E VI: Other provisions, if any example of the content	ann the date of filing:
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E V: Effective date, if other ctive date is listed, the date if filing.)  E VI: Other provisions, if any EEQUIRED SIGNATURE  Signa (In accordance wi constitutes an affir I am aware that any	ann the date of filing:
E V: Effective date, if other ctive date is listed, the date if filing.)  E VI: Other provisions, if any EEQUIRED SIGNATURE  Signa (In accordance wi constitutes an affir I am aware that any	ire of a member or an authorized representative of a member. In section 605.0203 (1) (b), Florida Statutes, the execution of this document nation under the penalties of perjury that the facts stated herein are true. If also information submitted in a document to the Department of State degree folony as provided for in s.817.155, F.S.)

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