

L14000170421

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

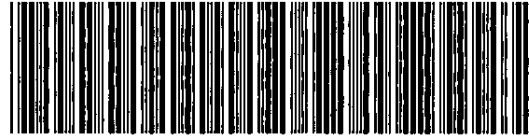
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900265523739

10/31/14--01016--015 \*\*160.00

Effective Date

11/15

FILED  
14 OCT 31 AM 10:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

110V - 3 2014

T. HAMPTON

Aben Johnson  
Highten Management "LLC."  
4360 Doubles Alley Dr. unit 104  
Vero Beach Fl.ero Beach Fl.32967  
October 28, 2014

Daytime Phone 772-569-8254

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Fl. 32314

Dear Registration Section:

I have enclosed Highten Management "LLC." Articles of Organization and Check # 102

Sincerely,



Aben E. Johnson

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Highten Management "LLC."  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Aben E. Johnson  
Name of Person

Firm/Company

4360 Doubles Alley Dr. unit 104  
Address

Vero Beach Fl. 32967  
City/State and Zip Code

aejohns45@bellsouth.net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Aben E Johnson at ( 772 ) 569 8254  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input checked="" type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional 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

Effective Date

11/1/15

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Highten Management "LLC."

(Must end with the words "Limited 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:**4360 Doubles Alley Dr. unit 104  
Vero Beach, FL 32967**Mailing Address:**4360 Doubles Alley Dr. unit 104  
Vero Beach, FL 32967**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

INCSMACT FLORIDA Inc.

Name

4845 47th PLACEFlorida street address (P.O. Box **NOT** acceptable)VERO BEACH FL 32967

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)

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**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

MGR

**Name and Address:**

Aben E Johnson

4360 Doubles Alley Dr. unit 104

Vero Beach Fl. 32967

Aben Mitchell Johnson

6801 Indian Garden Rd.

Petoskey, Mi. 49770

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: Jan. 1, 2015. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**ARTICLE VI:** Other provisions, if any.

**REQUIRED SIGNATURE:**



**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 document 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.)

Aben E. Johnson

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)**

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TALLAHASSEE, FLORIDA