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/Da	questor's Name)	
(Re	equestors Name)	
<b>/A</b>	(J)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	

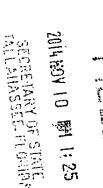
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## FLORIDA DEPARTMENT OF STATE Division of Corporations

October 28, 2014

E & A HOLDINGS, LLC. 10821 SW 118 CT MIAMI, FL 33186

SUBJECT: E & A HOLDINGS, LLC. Ref. Number: W14000065402

We have received your document for E & A HOLDINGS, LLC. and your check(s) totaling \$130.00. 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 appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return the corrected original and one copy of 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.

Justin M Shivers Regulatory Specialist II Registration/Qualification Section

Letter Number: 014A00023056

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limit	ed Liability Company is:		Z	=L.	
			ہے ہمبل ∆ ?	quity	Holdings, LLC.
(	Must end with the words	"Limited L	iability Cor	npany, "L.L.C.,"	
ARTICLE II - Address and The mailing address and	ess: and street address of the pr	incipal offi	ce of the Li	imited Liability (	Company is:
Principal Office Add	ress:		Mailing A	Address:	
2439 Pember	oke Road FL 33020	· · · · · · · · · · · · · · · · · · ·	10821 11111	SW 118 CT 1, FL 3318	6
(The Limited Liability	stered Agent, Registered Company cannot serve as y with an active Florida re	s its own R	egistered A		
The name and the Flor	ida street address of the re	egistered a	gent are:		
	EBERHARD	WEB	ER-W	AAS	_
		Name			•
	10821 SW 11	8 CT		•	_
	Florida street address (		NOT accept	able)	
	<u>LIAHI</u>		FL	33186 Zip	• _
	City			Zip	
the place designate capacity. I further a	ed in this certificate, I here gree to comply with the pram familiar with and acce	by accept to ovisions of the oblig	he appointn fall statutes rations of m 605, F.S.	nent as registered relating to the pr y position as reg	stated limited liability company at d agent and agree to act in this roper and complete performance istered agent as provided for in
	Registered Agent	i s Signatu	re (KEQUII	KED)	

(CONTINUED) Page 1 of 2

Title:	Name and Address:	
"AMBR" = Authorized Member		
"MGR" = Manager	EBERHARD WEBER-WAAS	_
	10821 SW 118 CT HIAMI, FL 33186	_
	•	_
AMBR	2950 NE 188 ST # 529	<del>-</del> .
	AVENTURA, FL 38180	<del>-</del>
		_ _
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	**************************************	_
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		_
neffective date is listed, the date must be specif	filing: (OPTIONAL)  fic and cannot be more than five business days prior to or	90 days ai
ICLE V: Effective date, if other than the date of	filing: (OPTIONAL)  fic and cannot be more than five business days prior to or	90 days af
ICLE V: Effective date, if other than the date of a effective date is listed, the date must be specifiate of filing.)	filing: (OPTIONAL)  fic and cannot be more than five business days prior to or	90 days af
ICLE V: Effective date, if other than the date of a effective date is listed, the date must be specifiate of filing.)  ICLE VI: Other provisions, if any.	filing: (OPTIONAL)  fic and cannot be more than five business days prior to or	90 days af
REQUIRED SIGNATURE:  Signature of a memb (In accordance with section 605.0) constitutes an affirmation under th I am aware that any false informat	filing:	
ICLE V: Effective date, if other than the date of a effective date is listed, the date must be specifiate of filing.)  ICLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a memb  (In accordance with section 605.00 constitutes an affirmation under the I am aware that any false informat constitutes a third degree felony as	per or an authorized representative of a member. 203 (1) (b), Florida Statutes, the execution of this document to be penalties of perjury that the facts stated herein are true, the submitted in a document to the Department of State is provided for in s.817.155, F.S.)	
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