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DEPARTMENT OF STATE

NOV 1 9 2014
S. YOUNG

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Florido Design Hive 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:
Hustun Creel Name of Person
Firm/Company
120 Glover lane
Address
Havana, Florida 32333 City/State and Zip Code
City/State and Zip Code Righteous hrnic @ hot mail. com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Huston Cree at (850) 545-2178 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount: \$\sum{125.00 Filing Fee} \text{ \$\sum{130.00 Filing Fee & Certificate of Status} } \text{ \$\sum{155.00 Filing Fee & Certified Copy (additional copy is enclosed)} } \text{ \$\sum{160.00 Filing Fee, Certified Copy (additional copy is enclosed)} } \text{ \$\sum{160.00 Filing Fee, Certified Copy (additional copy is enclosed)} } \text{ \$\sum{160.00 Filing Fee, Certified Copy (additional copy is enclosed)} } \text{ \$\sum{160.00 Filing Fee, Certified Copy (additional copy is enclosed)} } \text{ \$\sum{160.00 Filing Fee, Certified Copy (additional copy is enclosed)} } \text{ \$\sum{160.00 Filing Fee, Certified Copy (additional copy is enclosed)} } \text{ \$\sum{160.00 Filing Fee, Certified Copy (additional copy is enclosed)} } \text{ \$\sum{160.00 Filing Fee, Certified Copy (additional copy is enclosed)} } \text{ \$\sum{160.00 Filing Fee, Certified Copy (additional copy is enclosed)} } \text{ \$\sum{160.00 Filing Fee, Certified Copy (additional copy is enclosed)} } \text{ \$\sum{160.00 Filing Fee, Certified Copy (additional copy is enclosed)} } \text{ \$\sum{160.00 Filing Fee, Certified Copy (additional copy is enclosed)} } \text{ \$\sum{160.00 Filing Fee, Certified Copy (additional copy is enclosed)} } \text{ \$\sum{160.00 Filing Fee, Certified Copy (additional copy is enclosed)} } \text{ \$\sum{160.00 Filing Fee, Certified Copy (additional copy is enclosed)} } \text{ \$\sum{160.00 Filing Fee, Certified Copy (additional copy is enclosed)} } \text{ \$\sum{160.00 Filing Fee, Certified Copy (additional copy is enclosed)} } \text{ \$\sum{160.00 Filing Fee, Certified Copy (additional copy is enclosed)} } \text{ \$\sum{160.00 Filing Fee, Certified Copy (additional copy is enclosed)} } \text{ \$\sum{160.00 Filing Fee, Certified Copy (additional copy is enclosed)} } \text{ \$\sum{160.00 Filing Fee, Certified Copy (additional copy is enclosed)} } \text{ \$\sum{160.00 Filing Fee, Certified Copy (additional copy is enclosed)} } \$\sum{160.00 Filing Fee, Certified Copy (additional copy is enclosed
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLES OF ORGANIZATION FOR FI	ORIDA LIVITED LIABILITY COMPANY
ARTICLE I - Name: The name of the Limited Liability Company is:	
Florida Design Hi Ve (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	
Principal Office Address:	Mailing Address:
120 Gloverlane Havang Fl. 32333	<u>5 a m 6</u>
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	•
Name 120 Glover C Florida street address (P.O. Box 1	INE NOT acceptable)
<u>Havana</u> City	FL 32333 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	ice of process for the above stated limited liability company a 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 r 605, F.S
Registered Agent's Signatu	re (REQUIRED)
(CONTINUE	D) = ==================================
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