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M. MILLIGAN EXAMINER

NOV 25 2014

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: HO+box Expr. 88 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:	
Joshua DeG	raff	
	Name of Person	
Hotbox Ex	(press Firm/Company	
1888 Honok	. ,	·
Tallanass	see FL 32304 City/State and Zip Code	
indog a)	Ny. 18u.edu ised for future annual report notifica	
	·	ation)
For further information concerning this matter, p	blease call:	
Joshua De Graff Name of Person	·	Lephone Number
Name of Ferson	Area Code Dayimie Te	iephone Nambei
Enclosed is a check for the following amount:		
\$125.00 Filing Fee \$\times \text{Certificate of Status}\$	Certified Copy (additional copy is enclosed)	S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address	Street/Courier Add	MARS

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

	ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Na The name of the L	me: imited Liability Company is:
Ho	HOX EXP(e88 LLC (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Ac	
Principal Office	Address: Mailing Address:
1888 Honolu Tallahas	1888 Honolulu Lane See, FL Tallanasse, FL 32304
The name and the	Florida street address of the registered agent are: Joshua DeG(aff Name 1888 Hanolylu Lane
	Florida street address (P.O. Box <u>NOT</u> acceptable) Talla has the FL 32 304 City Zip
the place design capacity. I furth of my duties, as	ned as registered agent and to accept service of process for the above stated limited liability company gnated in this certificate. I hereby accept the appointment as registered agent and agree to act in this ner agree to comply with the provisions of all statutes relating to the proper and complete performance and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605. FS Registered Agent's Signature (BaDUIRED) (CONTINGED)

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·	authorized to manage and control the Limited Liability Company:
<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	200
AMBR	Joshua Degraff
	Tayanassee FL, 32301
Λ	THININGSEE FE DEAT
HME 12	2525 West tenn st
•	Tallahossee FC, 30304
	Joseph Non
(Lice attachment if necessary)	. 1 1
(Use attachment if necessary)	ote of filing: 1/25/14 (OPTIONAL)
ICLE V: Effective date, if other than the dieffective date is listed, the date must be ate of filing.)	ate of filing: 25/14. (OPTIONAL) specific and cannot be more than five business days prior to or 90 days
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