## U500059799

(Requestor's Name)	
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PICK-UP WAIT MAI	L
(Business Entity Name)	
(Document Number)	
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## COVER LETTER

	egistration Section vision of Corporations
SUBJECT	: HYDROFET LABS LLC  Name of Limited Liability Company
	Name of Limited Liability Company
The enclose	ed Articles of Organization and fee(s) are submitted for filing.
Please retur	n all correspondence concerning this matter to the following:
	Ronald J. HECHTER  Name of Person
	Name of Person
	HyproPet Labs LLC Firm/Company
	Firm/Company
	27560 RiverReach Dr. Address
	Address
	Bonita Springs, FL 34134  City/State and Zip Code  ronpropman@gmail.Com  E-mail address: (to be used for future annual report notification)
	City/State and Zip Code  Yon Prop man@ mail. Com  F-mail address: (to be used for future appeal report notification)
	E-mail address: (to be used for future annual report notification)
For further	information concerning this matter, please call:
R	Name of Person Area Code Daytime Telephone Number
Enclosed is	a check for the following amount:
\$125.00 Fil	ing Fee Status Certificate of Status Certified Copy (additional copy is enclosed)  \$155.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Street/Courier Address
	Registration Section Registration Section Division of Corporations Division of Corporations
	P.O. Box 6327 Clifton Building
	Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:
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: Mailing Address:
C/O RONAID J. HECHTER C/O RONAID J. HECHTER 27560 RIVER REACH Dr P. O. BOX 697 Bonita Springs, FL34134 Bonita Springs, FL.34133-0
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:
Ronald J. HECHTER Name
Ronald J. Hechter  Name  27560 RIVER Reach DV.  Florida street address (P.O. Box NOT acceptable)
Bonita Springs FL 34/34 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.
Jonald HEctler
Registered Agent's Signature (REQUIRED)
(CONTINUED)

Page 1 of 2

Title:	Name and Address:
'AMBR" = Authorized Member	
'MGR" = Manager <i>AMBR MGR</i>	ROMAID J. HECHTER
THE THE	27560 RIVER Reach Dr.
	Bonita Springs, FL 34/3
	Nancy C. Benson
	560 LAKESIDE BAY 5.
	BAYPOIT, MN 55003
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Use attachment if necessary)	
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