L 15000085280

(Requestor's Name)				
(Address)				
(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:				
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Office Use Only



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SECRETARY OF STARE



COVER LETTER

TO;	Registration Section Division of Corporations		
SUB.	VECT: PrivateHoldic Name of L	95 BOXET BY imited Liability Company	iefs L.L.C
The c	enclosed Articles of Organization and fee(s)	are submitted for filing.	
Pleas	e return all correspondence concerning this r	matter to the following:	
	Hollis Ho		
		Name of Person	
	Private Holding	SBOXER Brie	fs LLC
	2828 Peach	ree Rd NE &	4901,
	Atlanta, GA	30305 City/State and Zip Code	
_	hollismhar	to be and zip Code to be and it. (ed for future annual report notifications)	COM
For fu	orther information concerning this matter, ple	ease call:	
Ho	Name of Person at (404 277-17 Area Code Daytime Tel	21 ephone Number
Enclo	sed is a check for the following amount:		
scating lost time	00 Filing Fee & Certificate of Status	☐\$155.00 Fiting Fee & Certified Copy (additional copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mag.	Mailing Address	Street/Courier Addr	res <u>s</u>
	Registration Section Division of Corporations	Registration Section Division of Corporat	ions
	P.O. Box 6327	Clifton Building	
	Tallahassee, FL 32314	2661 Executive Cent	er Circle

Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

April 10, 2015

HOLLIS HART PO BOX 611327 ROSEMARY BEACH, FL 32461

SUBJECT: PRIVATE HOLDINGS LLC

Ref. Number: W15000025086

We have received your document for PRIVATE HOLDINGS LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Opertaing Agreements are fiiled in this office, proper forms are enclosed.

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 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.

Tim Burch Regulatory Specialist II

Letter Number: 815A00007182

15 MAY -5 AM 10: 00

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

(Must end with the words	s "Limited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the p	principal office of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
229 Winston Lane	P.O.BOX 611327	
Panama City Beach	Rosemay Beach,	FL,
72415	32461	
	1000 00 1. 14 41 01 4	
(The Limited Liability Company cannot serve another business entity with an active Florida The name and the Florida street address of the	registered agent are:	dividual or
(The Limited Liability Company cannot serve another business entity with an active Florida The name and the Florida street address of the	as its own Registered Agent. You must designate an incregistration.)	
(The Limited Liability Company cannot serve another business entity with an active Florida The name and the Florida street address of the	as its own Registered Agent. You must designate an incregistration.) registered agent are:	5 1117
(The Limited Liability Company cannot serve another business entity with an active Florida The name and the Florida street address of the Hollist Canada American Advanced Canada American Canada Can	as its own Registered Agent. You must designate an incregistration.) registered agent are:	5 HAY -5 PA
(The Limited Liability Company cannot serve another business entity with an active Florida The name and the Florida street address of the Hollis Hollis Hollis Florida street address	as its own Registered Agent. You must designate an incregistration.) registered agent are: Name (P.O. Box. NOT acceptable)	5 MAY - 5
(The Limited Liability Company cannot serve another business entity with an active Florida The name and the Florida street address of the Hollist Canada American Advanced Canada American Canada Can	as its own Registered Agent. You must designate an incregistration.) registered agent are: Name (P.O. Box. NOT acceptable)	5 HAY -5 PA

Registered Agent's Signature (REQUIRED)

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.

Page 1 of 2

(CONTINUED)

The hame and address of each person i	authorized to manage and control the Limited Liability Company:
Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	Jackiethart
	2828 Peachtree Sto NE 4901
. 0.1	Atlanta, 6A, 30305
AMBK	Hollistart
	55 Delmontonive NE, DA
	Atlanta BA, 30305
	•
(Use attachment if necessary)	
(Ose acaemient it necessary)	
ARTICLE V: Effective date, if other than the da	te of filing:
(If an effective date is listed, the date must be s the date of filing.)	specific and cannot be more than five business days prior to or 90 days after
the date of things,	
ADDIOLD SULOID	[m (1)
ARTICLE VI: Other provisions, if any.	The state of the s

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.)

HollisHart

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)

REQUIRED SIGNATURE: