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EFFECTIVE DATE 5-5-5

TALLAHASSES FORME

MAY 2 0 2015 T. BROWN

## **COVER LETTER**

	Registration S Division of Co				
SUR IFC'	150 Ricar	do, LLC			
Bedjee			Limited Liabi	lity Company	
The enclo	sed Articles o	f Organization and fee(s	) are submitted	I for filing.	
Please ret	urn all corres	ondence concerning this	s matter to the	following:	
	James Land	ders			
	<del>v</del>		Name of	f Person	_
	Highpoint	Capital Investments, LL	С		
			Firm/Co	ompany	
	356 22nd A	we N			
	•		Addı	ress	
	Saint Peter	sburg, FL 33704			
	j.landers067	5@gmail.com	City/State ar	nd Zip Code	
		E-mail address: (to be u	sed for future	annual report notificat	ion)
For further	information c	oncerning this matter, pl	ease call:		
	James Land		727	409-7440 _)	
	Nai	me of Person	Area Code	Daytime Telephon	
Enclosed	is a check for	the following amount:			
\$125.00 F		\$130.00 Filing Fee & Certificate of Status	Certif	00 Filing Fee & fied Copy nal copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		ing Address		Street Address	
		stration Section ion of Corporations		Registration Section Division of Corporat	ions
	P.O.	Box 6327 hassee, FL 32314		Clifton Building 2661 Executive Cent	

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLOI	RIDA LIMITED LIABILITY COMPANY	
ARTICLE I - Name: The name of the Limited Liability Company is:		,
150 Ricardo, LLC	# 6 m	•
(Must end with the words "Limited Liah	bility Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the principal office  Principal Office Address:	e of the Limited Liability Company is:  Mailing Address:	
1312 52nd Ave NE Saint Petersburg, FL 33703	Same	
ARTICLE III - Registered Agent, Registered Office, & Re (The Limited Liability Company cannot serve as its own Region another business entity with an active Florida registration.)		TE
The name and the Florida street address of the registered ager	ent are:	

James Landers		
	Name	
356 22nd Ave N		
Florida street address	s (P.O. Box NOT ac	cceptable)
Saint Petersburg	FL	33704
City	State	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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
AMBR	Highpoint Capital Investments, LLC 356 22nd Ave N
	Saint Petersburg, FL 33704
AMBR	Jon Broadbent 1312 52nd Ave N Saint Petersburg, FL 33703
	Saint Feleraburg, 1 1233 703
EV: Effective date, if other than the	the date of filing: 5/15/15 (OPTIONAL) be specific and cannot be more than five business days prior to or 90 days
EV: Effective date, if other than the ective date is listed, the date must of filing.) the date inserted in this block doe ment's effective date on the Depar	be specific and cannot be more than five business days prior to or 90 days not meet the applicable statutory filing requirements, this date will not be
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E V: Effective date, if other than the ective date is listed, the date must of filing.) the date inserted in this block doe ment's effective date on the Depart E VI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature of (In/accordance with constitutes an affin I am aware that an	be specific and cannot be more than five business days prior to or 90 days not meet the applicable statutory filing requirements, this date will not be
E V: Effective date, if other than the ective date is listed, the date must of filing.) the date inserted in this block doe ment's effective date on the Depart E VI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature of (In/accordance with constitutes an affin I am aware that an constitutes a third	s not meet the applicable statutory filing requirements, this date will not be timent of State's records.  The member or an authorized representative of a member. The section 605.0203 (1) (b), Florida Statutes, the execution of this document mation under the penalties of perjury that the facts stated herein are true, by false information submitted in a document to the Department of State

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