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COVER LETTER

	legistration : Division of C				
SUBJECT	Himmels	lorf, LLC	•	•	
SOBJECT		Name of I	imited Liabil	ty Company	······································
				•	
The enclos	sed Articles of	of Organization and fee(s)	are submitted	for filing.	
Please retu	ırn all corres	pondence concerning this	matter to the f	ollowing:	
	Alice Von	Viederhausern			
			Name of	Person	
	Himmelsdo	orf, LLC			
			Firm/Co	mpany	
	2115 LaCo	urt Ln			
			Addr	ess	
	Malabar, F	lorida 32950			
	merrillkyle@	gmail.com	City/State an	d Zip Code	
		E-mail address: (to be use	ed for future a	nnual report notificat	ion)
For further	information c	oncerning this matter, plea	ase call:		
	Alice VonN		321	723-5499	
	Na		Area Code	Daytime Telephon	ne Number
Enclosed i	s a check for	the following amount:			
\$125.00 F	iling Fee	\$130.00 Filing Fee & Certificate of Status	Certific	0 Filing Fee & ed Copy al copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Maili	ing Address		Street Address	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Himmelsdorf, LL				
(Must e	end with the words "Limited	d Liability Company,	'L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and stre	et address of the principal of	office of the Limited L	iability Company is:	
<u>Prir</u>	ncipal Office Address:		Mailing Address:	
2115 LaCourt Ln	1	2115 1	LaCourt Ln	
Malabar, Florida		Malah	ar, Florida 32950	
The Limited Liability Comp	Agent, Registered Office,	& Registered Agent		l or
The Limited Liability Comp	Agent, Registered Office,	& Registered Agent	's Signature:	
The Limited Liability Comp mother business entity with	Agent, Registered Office, pany cannot serve as its own an active Florida registration	& Registered Agent Registered Agent. You	's Signature:	
The Limited Liability Comp mother business entity with	Agent, Registered Office, pany cannot serve as its own an active Florida registration	& Registered Agent n Registered Agent. Youn.) d agent are:	's Signature:	
The Limited Liability Companother business entity with	Agent, Registered Office, pany cannot serve as its own an active Florida registration reet address of the registered	& Registered Agent n Registered Agent. Youn.) d agent are:	's Signature:	2015 JUL -
The Limited Liability Companother business entity with	Agent, Registered Office, pany cannot serve as its own an active Florida registration reet address of the registered	& Registered Agent n Registered Agent. Yo on.) d agent are:	's Signature:	2015 JUL -1 SECRETARY PALLERASSE
The Limited Liability Companother business entity with	Agent, Registered Office, pany cannot serve as its own an active Florida registration eet address of the registered Alice VonNiederhau 2115 LaCourt Ln	& Registered Agent n Registered Agent. Yo on.) d agent are:	's Signature: ou must designate an individual	2015 JUL -1 AM SECRETARY OF SALLARASSEE
ARTICLE III - Registered (The Limited Liability Companother business entity with	Agent, Registered Office, pany cannot serve as its own an active Florida registration eet address of the registered Alice VonNiederhau 2115 LaCourt Ln	& Registered Agent on Registered Agent. You on.) d agent are: Sern Name Name	's Signature: ou must designate an individual	2015 JUL - 1 AM

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

"MGR" = Manager	Name and Address:
AMBR	Micahel VonNiederhausern
	18030 Bear Swamp Rd
	Marvsville, OH 43040
AMBR	Kyle Merrill
	1742 Caraway Ln
	Marysville, OH 43040
AMBR	Alice VonNiederhausern
	2115 LaCourt Ln
	Malabar, FL 32950
(Use attachment if necessary)	
f filing.)	fic and cannot be more than five business days prior to or 90 da
	et the applicable statutory filing requirements, this date will not be
the date inserted in this block does not mee nent's effective date on the Department of E VI: Other provisions, if any. REQUIRED SIGNATURE:	et the applicable statutory filing requirements, this date will not be State's records.
the date inserted in this block does not mee ment's effective date on the Department of E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a memical constitutes an affirmation upon I am aware that any false in	et the applicable statutory filing requirements, this date will not be State's records.
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the date inserted in this block does not mee ment's effective date on the Department of E VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a memical constitutes an affirmation upon I am aware that any false in constitutes a third degree fee	ber or an authorized representative of a member. a 605.0203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true.

ARTICLE IV-