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(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

7/10/15

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Himmelsdorf, LLC  
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:

Alice VonNiederhausern

Name of Person

Himmelsdorf, LLC

Firm/Company

2115 LaCourt Ln

Address

Malabar, Florida 32950

City/State and Zip Code

merrillkyle@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alice VonNiederhausern	321	723-5499
Name of Person	Area Code	Daytime Telephone Number

Enclosed is a check for the following amount:

\$125.00 Filing Fee

\$130.00 Filing Fee &  
Certificate of Status

\$155.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

\$160.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**Mailing Address**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street 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 - Name:

The name of the Limited Liability Company is:

Himmelsdorf, LLC

(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:

2115 LaCourt Ln  
Malabar, Florida 32950

Mailing Address:

2115 LaCourt Ln  
Malabar, Florida 32950

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:

Alice VonNiederhausern

Name

2115 LaCourt Ln

Florida street address (P.O. Box **NOT** acceptable)

Malabar

Florida

32950

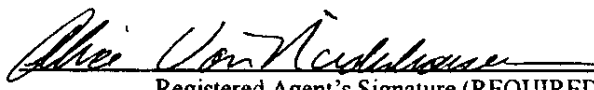
City

State

Zip

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*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)

**The name and address of each person authorized to manage and control the Limited Liability Company:**

AMBR

Marvsville, OH 43040

AMBR

**Marysville, OH 43040**

**AMBR**

Malabar, FL 32950

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