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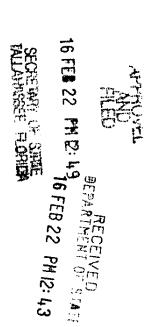
(Req	uestor's Name)	
(Add	ress)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	

Office Use Only



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T. BROWN

COVER LETTER

	tration Section				·
SUBJECT: _	L+'S	Inves	Hments mited Liability (L.L.	۷.
The enclosed A	Articles of Organization	and fee(s) a	re submitted for	filing.	
Please return a	Il correspondence conce	erning this m	atter to the follo	wing:	
	Same	ny S.	M560	ugh	
		•	Name of Per	son	
			Firm/Compa	iny	
	12	4 Do	nhCah Address	dr.	
		•	Address		
	Chaw-	fordui	lle Fi	. 30	1327
	SSM ^C (E-mail addres	sough	City/State and Zi	p Code Live, c	ом
	E-mail addres	s: (to be use:	l for future annu	al report notifi	cation)
For further infor	mation concerning this	umtter, pleas	e call:		
Sammy	S. McGou	gh aic	820	567-	2897
ſ	Name of Person	,	area Code [Daytime Telepl	hone Number
Enclosed is a cl	heck for the following a	imount:			
\$125.00 Filing	Fee \$130.00 Fil Certificate		Certified C	iling Fee & Copy opy is enclosed	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed
	Mailing Address		Str	eet Address	

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

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY	White
ARTICLE 1 - Name: The name of the Limited Liability Company is:	HLED
Los Investments, L.L.C.	16 FEB 22 PH P2: 49
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.") ARTICLE II - Address:	Alfinesse A MAIN
The mailing address and street address of the principal office of the Limited Liability Company is:	 :

Principal Office Address:	Mailing Address:
124 Dyncan dt.	same
Crawforduille Fl. 32327	
•	

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:

Sammy S. M. Gough

Name

124 Duncau dt.

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

Chawforduille Fl. 32327

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 vertificate, I hereby accept the appointment as registered agent and agree to act in this vapacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and tamiliar with and accept the obligations of my position as registered agent as provided for in Chapter 605, C.S.

(CONTINUED)

Samuel S. M. C. Journel (REQUIRED)

Page I of 2

<u> </u>	Name and Address:
MGR" = Manager	e McCaral
"AMBR"	Sammy S. McGough 124 Duncan dt. Crawforduille Fl. 32327
	124 Duncan dr.
•	crawforduille Fl. 32327
~1	
V: Effective date, if other than the dat tive date is listed, the date must be s filing.)	e of filing: (OPTIONAL) pecific and cannot be more than five business days prior to or 90 meet the applicable statutory filing requirements, this date will no
V: Effective date, if other than the date tive date is listed, the date must be so filing.) The date inserted in this block does not	pecific and cannot be more than five business days prior to or 90 meet the applicable statutory filing requirements, this date will no
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