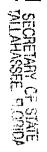
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(Requestor's Name)	
(Address)	
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PICK-UP WAIT	MAIL
(Business Entity Name)	
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Certified Copies Certificates of Sta	atus
Special Instructions to Filing Officer:	
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COVER LETTER

то:	Registration Division of C				
SUBJE		tail Partners, LLC			
		Name of Lir	nited Liabilit	y Company	
The enc	losed Articles o	of Organization and fee(s) ar	e submitted t	or filing.	
Please r	eturn all corres	pondence concerning this ma	atter to the fo	llowing:	
	Paisley Bo	ney, IV			
	estation and the second second	· · · · · · · · · · · · · · · · · · ·	Name of I	erson	
			Firm/Con	ipany	
	P.O. Box 1	069	=-		
			Addre	38	
	Ponte Vedi	ra Beach, FL 32004			
		C	ity/State and	Zip Code	
	pboneylv@g	gmail.com			
		E-mail address: (to be used	for future an	nual report notificati	ion)
or furthe	er information c	oncerning this matter, please	e call:		
	Lizbeth He	nderson 44	04	853-8556	
	Na	'	rea Code	Daytime Telephon	e Number
Enclose	d is a check for	the following amount:			
\$125.00	Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certifie	Filing Fee & i Copy 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

The name of the Limited Liability	O			
	Company is:		·	
Hyde Retail Partners, 1	LLC			語
(Must end w	rith the words "Limited L	ability Company	, "L.L.C.," or "LLC.")	— 深 复
ARTICLE II - Address: The mailing address and street add	dress of the principal offic	ce of the Limited	Liability Company is:	
Principal	Office Address:	,	Mailing Address:	Şir
643 Ponte Vedra Beac	h Blvd.	P.O.	Box 1069	
Unit D		Pont	e Vedra Beach, FL 32004	
Ponte Vedra Beach, Fl	L 32082			
	tive Florida registration.)			
The name and the Florida street ac	idress of the registered ag			
The name and the Florida street ac	ldress of the registered as			
The name and the Florida street ac	ldress of the registered as	gent are:		
The name and the Florida street ac	Idress of the registered as Paisley Boney, IV	gent are: lame Blvd.	cceptable)	
The name and the Florida street ac	Paisley Boney, IV N 643 Ponte Vedra Beach	gent are: lame Blvd.	cceptable) 32082	
The name and the Florida street ac	Paisley Boney, IV N 643 Ponte Vedra Beach Florida street address (I	gent are: lame Blvd, P.O. Box <u>NOT</u> ac	•	

(CONTINUED)

ed Agent's Signature (REQUIRED)

Page 1 of 2

書の記述

	Title: "AMBR" = Authorized	Member	Name and Address:
	"MGR" = Manager	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	AMBR and MGR		Paisley Boney, IV
			643 Ponte Vedra Beach Blvd., Unit D
			Ponte Vedra Beach, FL 32082
		•	
	•		
	N		
	(Use attachment if nece	·)	
	(Ose attachment if nece	ssary)	
(If an eff the date (<u>Note:</u> If	ective date is listed, the of filing.) the date inserted in this	date must be specific as block does not meet the	g: (OPTIONAL) nd cannot be more than five business days prior to or 90 days afte applicable statutory filing requirements, this date will not be listed e's records.
(If an eff the date on <u>Note:</u> If the docu	ective date is listed, the of filing.) the date inserted in this	date must be specific as block does not meet the the Department of State	nd cannot be more than five business days prior to or 90 days afte applicable statutory filing requirements, this date will not be listed
(If an eff the date on <u>Note:</u> If the docu	ective date is listed, the of filing.) the date inserted in this ment's effective date or	date must be specific as block does not meet the the Department of State	nd cannot be more than five business days prior to or 90 days afte applicable statutory filing requirements, this date will not be listed
(If an eff the date of Note: If the docu	ective date is listed, the of filing.) the date inserted in this ment's effective date or	date must be specific as block does not meet the the Department of State if any.	nd cannot be more than five business days prior to or 90 days afte applicable statutory filing requirements, this date will not be listed

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)

