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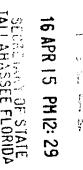
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COVER LETTER

то:	Registration Section Division of Corporations	
SUBJEC	Name of Limited Liability Company	
The encl	losed Articles of Organization and fee(s) are submitted for filing.	
Please re	eturn all correspondence concerning this matter to the following:	
	Harriette Hoover Name of Person	
	Harriette Hoover LLC Firm/Company	
	8905 Regents Part Drive Suite 230 Address	>
	Tampe FL 33647 City/State and Zip Code har riette 1047 @ aol. Com E-mail address: (to be used for future annual report notification)	
For further	r information concerning this matter, please call:	
	Harriette Hoover at (863) (619-0778 Name of Person Area Code Daytime Telephone Number	
Enclosed	l is a check for the following amount:	
] \$125.00	Filing Fee \$\ \text{S130.00 Filing Fee & Certificate of Status} \tag{S155.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)} \text{S160.00 Filing Fee, Certified Copy (additional copy is enclosed)}	
	Malling Address	

Mailing Address

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

Street Address

New Filing 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:

Harriette Hoover (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	E Limited Liability Company is:
Principal Office Address:	Mailing Address:
8905 Regents Park Ar. Suite 236 TAMPA, FL 33647	710 E. Edgewood Drive Lakelana, FL 33803
ARTICLE III - Registered Agent, Registered Office, & Registe (The Limited Liability Company cannot serve as its own Registered another business entity with an active Florida registration.)	Agent. You must designate an individual of 5
The name and the Florida street address of the registered agent are:	The R
Margaret 1	Price (LLC) Price
8905 Reg	ents Park prive, Suite 230
Florida street address (P.O. Bo	x NOT acceptable)
Tanpa Pl	33647 zip
City 1 State	e Zip
Having been named as registered agent and to accept service of proce place designated in this certificate, I hereby accept the appointment as further agree to comply with the provisions of all statutes relating to th am familiar with and accept the obligations of my position as registered	s registered agent and agree to act in this capacity. I ne proper and complete performance of my duties, and I ed agent as provided for in Chapter 605, F.S
Registered Agent	and M. Muil 's Signature (REQUIRED)
(CONTI	NUED)

Page 1 of 2

Title:	Name and Address:	
"AMBR" = Authorized Member		
"MGR" = Manager "-A-M-B-R" M G-R"	Harriette Hoov	rer_
	710 E. Edgewood	Or.
_	Lateland, FL 33	203
"MG R"	Daniel Hoover	
	710 E. Eagewood D	3 20 3
	Tanelana, FES.	<u> </u>
	/	
(Use attachment if necessary) FICLE V: Effective date, if other than the date of a second content of the date must be specification.		
FICLE V: Effective date, if other than the date of n effective date is listed, the date must be specidate of filing.) e: If the date inserted in this block does not me	fic and cannot be more than five business days pr et the applicable statutory filing requirements, this d	ior to or 90 days
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ricle V: Effective date, if other than the date of n effective date is listed, the date must be specifiate of filing.) e: If the date inserted in this block does not me document's effective date on the Department of FICLE VI: Other provisions, if any. REQUIRED SIGNATURE:	fic and cannot be more than five business days pret the applicable statutory filing requirements, this destate's records.	late will not be list SEURL AHASSEE FLORID
PICLE V: Effective date, if other than the date of n effective date is listed, the date must be specified of filing.) Le: If the date inserted in this block does not me document's effective date on the Department of FICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a mem This document is executed I am aware that any false in	fic and cannot be more than five business days pr et the applicable statutory filing requirements, this d	late will not be list SEUNE APR 15 PM 12: 29 In Statutes.

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)