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SECRETARY OF STATE

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COVER LETTER

	legistration Section Division of Corporations		
SUBJECT	HS Technology LLC		
SUBJECT		of Limited Lia	bility Company
The enclos	sed Articles of Organization and fe	e(s) are submit	ted for filing.
Please retu	urn all correspondence concerning	this matter to th	ne following:
	Fred Husher		
•		Name	of Person
		Firm/	Company
	PO Box 10804		
		Ad	ddress
	Daytona Beach, FL, 33120		
	fkhusher@gmail.com	City/State	and Zip Code
,	 	e used for futur	re annual report notification)
For further i	nformation concerning this matter,	please call:	
	Fred Husher	321 at (607-4232
	Name of Person	Area Code	Daytime Telephone Number
Enclosed i	s a check for the following amount	: .	
\$125.00 F		e & \$15 cus Cer	5.00 Filing Fee & S160.00 Filing Fee, tified Copy onal copy is enclosed) S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section		Street Address New Filing Section
	Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED

ARTICLE I - Name:

The name of the Limited Liability Company is:

16 MAY -2 PM 2: 13

HS	Technology	LLC

SECRETARY OF STATE FALLAHASSEE FLORIDA

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

<u>19</u>	incipal Office Address:		Mailing Address:
6710 S A1A H	wy	PO	Box 10804
Melbourne Bea	ach, FL, 32951	Daytona Beach, FL, 32120	
	npany cannot serve as its own Roth an active Florida registration.)		rou must designate an individual of
ner business entity wit	th an active Florida registration.) street address of the registered as Frederick Husher	,	Tourings designate an individual of
ner business entity wit	th an active Florida registration.) street address of the registered as Frederick Husher	gent are: Vanne	
ner business entity wit	th an active Florida registration.) street address of the registered as Frederick Husher 6710 S A1A	gent are: Vanne	

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

i ilie:	uthorized to manage and control the Limited Liability Compagnature PM Name and Address: SECRET.
"AMBR" = Authorized Member	Name and Address: SECRETARY OF S Frederick Husher
"MGR" = Manager	TEMPASSEE FLI
AMBR	Frederick Husher PO Box 10804
	Daytona Beach, FL, 32120
	buytona isodoni i isodono
AMBR	Jee Shum
	2807 Alton Dr
	Kissimimee, FL, 34741
17	
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(Lisa attachment if necessary)	
(Use attachment if necessary) CLE V: Effective date, if other than the date	e of filing: . (OPTIONAL)
CLE V: Effective date, if other than the date effective date is listed, the date must be sp	e of filing;
CLE V: Effective date, if other than the date effective date is listed, the date must be spate of filing.)	pecific and cannot be more than five business days prior to or 90 days after
CLE V: Effective date, if other than the date effective date is listed, the date must be spite of filing.) If the date inserted in this block does not it.	meet the applicable statutory filing requirements, this date will not be listed as
CLE V: Effective date, if other than the date effective date is listed, the date must be space of filing.) If the date inserted in this block does not a comment's effective date on the Department	meet the applicable statutory filing requirements, this date will not be listed as
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CLE V: Effective date, if other than the date effective date is listed, the date must be space of filing.) If the date inserted in this block does not accument's effective date on the Department CLE VI: Other provisions, if any. REQUIRED SIGNATURE:	meet the applicable statutory filing requirements, this date will not be listed as a of State's records.
CLE V: Effective date, if other than the date effective date is listed, the date must be space of filing.) If the date inserted in this block does not accument's effective date on the Department CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a me	meet the applicable statutory filing requirements, this date will not be listed as a of State's records.
CLE V: Effective date, if other than the date effective date is listed, the date must be space of filing.) If the date inserted in this block does not accument's effective date on the Department CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a mathematical mathematical department is executed as the company of th	meet the applicable statutory filing requirements, this date will not be listed as a of State's records.

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)