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(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	= #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
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CONTRACTOR OF THE SECOND SECON

COVER LETTER

	Registration Section Division of Corporations	
SUB IEC	Ubreakwefixit LLC	
SUBJEC	Name of Limited Liability Company	
The encle	osed Articles of Organization and fee(s) are submitted for filing.	
Please re	turn all correspondence concerning this matter to the following:	
	Jason A Hudgins	
	Name of Person	
	BONITA SPRINGS MAIN STREET, INC	
	Firm/Company	
	27040 OLD 41 RD UNIT # 367784	
	Address	
	BONITA SPGS, FL 34135	
	ANNUAL REPORT @ UBREAKWEFIXI E-mail address: (to be used for future annual report notification)	T. con
For further	information concerning this matter, please call:	
	Jason Hudginsat (239) 2847385 Name of Person Area Code Daytime Telephone Number	
Enclosed	is a check for the following amount:	
]\$125.00 I	Filing Fee \$\sum_{\text{Certificate of Status}}\sum_{\text{Certified Copy}}\sum_{\text{Certified Copy}}\sum_{\text	ed)
	Mailing Address Street Address New Filing Section New Filing Section Division of Corporations Division of Corporations	

P.O. Box 6327 Tallahassee, FL 32314

Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

ARTICLE I - Name:			
The name of the Limited Lial	oility Company is:		
•			
Ubreakwefixit LLC			
(Must e	nd with the words "Limite	d Liability Company	y, "L.L.C.," or "LLC.")
ARTICLE II - Address:			
The mailing address and stree	et address of the principal	office of the Limited	Liability Company is:
5	• •		, ,
<u>Prin</u>	cipal Office Address:		Mailing Address:
27040 OLD 41 RD UN	IIT # 367784	2704	0 OLD 41 RD UNIT # 367784
BONITA SPGS, FL 34	135	BON	ITA SPGS, FL 34135
ARTICLE III - Registered (The Limited Liability Companother business entity with	any cannot serve as its owi	n Registered Agent.	nt's Signature: You must designate an individual or
The name and the Florida stre	eet address of the registere	d agent are:	
	BONITA SPRINGS MAIN	STREET, INC	
		Name	
	27040 OLD 41 RD_UNIT;	# 367784	
	Florida street addres	ss (P.O. Box NOT a	cceptable)
	Bonita SPGS	FL	34135
	City	State	Zin

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)

Page 1 of 2

6 HAY -9 AM 8: 0

Title: "AMBR" = A "MGR" = M	Authorized Member anager	Name and Address:
		
AMBR		Jason A. Hudgins
		1201 Business Way 1543 Lehigh Acres, FL 33970
		Langii Adiss, F. C. 338/0
· ·		
LE V: Effective	nent if necessary) we date, if other than the date of listed, the date must be specif	filing:
LE V: Effective date is of filling.) If the date inse	ve date, if other than the date of listed, the date must be specif	fic and cannot be more than five business days prior to or 90 d et the applicable statutory filing requirements, this date will not b
LE V: Effective date is of filing.) If the date inseument's effection	ve date, if other than the date of listed, the date must be specifited in this block does not mee	fic and cannot be more than five business days prior to or 90 d et the applicable statutory filing requirements, this date will not b State's records.
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LE V: Effective date is of filing.) If the date insement's effection	rted in this block does not mee eve date on the Department of storovisions, if any. Signature of a membra document of a maware that any false in constitutes a third degree fer Jason A Hudgins	the applicable statutory filing requirements, this date will not be State's records. ber or an authorized representative of a member. in accordance with section 605.0203 (1) (b), Florida Statutes, formation submitted in a document to the Department of State