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COVER LETTER

	egistration Section ivision of Corporations			
SUDIECT	1.H.S. Holdings LLC			
SUBJECT: Name of Limited Liability Company				
The enclos	ed Articles of Organization and fee(s) are submitted	for filing.	
Please retu	rn all correspondence concerning this	matter to the f	ollowing:	
	Vernon Marsh			
		Name of	Person	
	Bowman and Brooke LLP			
		Firm/Co	mpany	
	2 Alhambra Plaza Suite 800			
		Addre	ess	
	Coral Gables, FL 33134			
	robp1015@aol.com	City/State and	d Zip Code	
	E-mail address: (to be u	sed for future a	nnual report notification)	
For further i	nformation concerning this matter, pl	ease call:		
	Robert Peopples	305	528-8681	
	Name of Person	Area Code	Daytime Telephone Number	
Enclosed i	s a check for the following amount:			
\$125.00 F	iling Fee \$130.00 Filing Fee & Certificate of Status	LCertific	\$160.00 Filing Fee, ed Copy al copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	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	



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 10, 2016

VERNON MARSH 2 ALHAMBRA PLAZA STE 800 CORAL GABLES, FL 33134

SUBJECT: I.H.S. HOLDINGS LLC Ref. Number: W16000033989

We have received your document for I.H.S. HOLDINGS LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please complete Article(s) II.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tim Burch Regulatory Specialist II

Letter Number: 716A00009783

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
I.H.S. Holdings LLC	
(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:
7744 Collins ave Unit 14	7744 Collins ave. Unit 14
Miami Beach, FL 33141	Miami Beach, FL 33141
ARTICLE III - Registered Agent, Registered Office, & Registe	
(The Limited Liability Company cannot serve as its own Registere	d Agent. You must designate an individual or
another business entity with an active Florida registration.)	
	tions
The name and the Florida street address of the registered agent are	· 和4:
	机 型化 化

Name

2 Alhambra Plaz Suite 800

Vernon Marsh

Florida street address (P.O. Box \underline{NOT} acceptable)

Coral GablesFlorida33134CityStateZip

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..

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager MGR	Robert Peopples
WOK	7744 Collins ave. Unit 14
	Miami Beach, FL 33141
MGR	Joshua Little
WOW.	1150 Euclid Ave. Ad 303
	miumi Bruch, FL 33139
	A Company of the Comp
	eriano e e e
	(D):e1
(Use attachment if necessary)	
(Ose attachment if necessary)	
LEV: Effective date, if other than the date of	of filing: (OPTIONAL)
	cific and cannot be more than five business days prior to or 90 day
of filing.)	
	eet the applicable statutory filing requirements, this date will not be
sument's effective date on the Department of	of State's records.
LE VI: Other provisions, if any.	

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Robert Peopples

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)