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(Re	equestor's Name))
(Ac	ddress)	
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<u></u>	☐ WAIT	MAIL
(Bu	usiness Entity Na	me)
(De	ocument Number)
Certified Copies	Certificate	es of Status
Special Instructions to	Filing Officer:	
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TALLAHASSEE, TERRID

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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Hang 10 Installations, LLC Name of Limited Liability C	ompany
The enclosed Articles of Organization and fee(s) are submitted for	filing.
Please return all correspondence concerning this matter to the follow	wing:
Jason White	
Name of Pers	son
Hang 10 Installations, Compa	<u> </u>
Firm/Compa	ny
420 Macbregar Ad. Address	
Address	AY
Lymber Springs FC 327 City/State and Zi hangten installations e gue E-mail address: (to be used for future annua	manage of
City/State and Zi	p Code ယ
E-mail address: (to be used for future annu-	al report notification)
For further information concerning this matter, please call:	<i>ب</i> ڌ
Name of Person Area Code E	-159 -3599 Daytime Telephone Number
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$130.00 Filing Fee & \$155.00 Filing Fee Certificate of Status (additional co	
	vet Address v Filing Section

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE II - Address:	Taskellations, & with the words "Limited Liability address of the principal office of the		
Princi	oal Office Address:	Mailing Add	ress:
WMKr Spri	gar Md ngs Fc 32708	Same	
another business entity with an	active Florida registration.) address of the registered agent are Name 120 Mac Gregor Florida street address (P.O. Bo		16 HAY 16 PH 3: 16
lace designated in this certificate orther agree to comply with the p	, I hereby accept the appointment a rovisions of all statutes relating to bligations of my position as register	ress for the above stated limited liab as registered agent and agree to act the proper and complete performan redagent as provided for in Chapte at's Signature (REQUIRED)	in this capacity. I uce of my duties, and I

(CONTINUED)

Page 1 of 2

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:	_
AMBA.	Brandy Fosker 420 Machinger Ad. Winker Springs Fe 32708	- - - -
MBA	Jason White 420 Marchergor Md. Worker Springs FL. 32708	- - -
(Use attachment if necessary)		- -
EV: Effective date, if other than the	ne date of filing: (OPTIONAL) t be specific and cannot be more than five business days prior to or	10 da
EV: Effective date, if other than the date is listed, the date must of filing.)	t be specific and cannot be more than five business days prior to or so so not meet the applicable statutory filing requirements, this date will r	
EV: Effective date, if other than the ective date is listed, the date must of filing.) The date inserted in this block does ment's effective date on the Department.	t be specific and cannot be more than five business days prior to or so so not meet the applicable statutory filing requirements, this date will r	
EV: Effective date, if other than the ective date is listed, the date must of filing.) The date inserted in this block does ment's effective date on the Department's effective date on the Department's effective date on the Department's EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of This document is I am aware that an	t be specific and cannot be more than five business days prior to or so so not meet the applicable statutory filing requirements, this date will r	ot be
EV: Effective date, if other than the ective date is listed, the date must of filing.) The date inserted in this block does ment's effective date on the Department's effective date on the Department's effective date on the Department's EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of This document is I am aware that an	of a member or an authorized representative of a member. executed in accordance with section 605.0203 (1) (b), Florida Statuter of false information submitted in a document to the Department of State degree felony as provided for in s.817.155, F.S.	ot be
EV: Effective date, if other than the ective date is listed, the date must of filing.) The date inserted in this block does ment's effective date on the Depart. EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of This document is I am aware that are constitutes a third.	Is not meet the applicable statutory filing requirements, this date will retiment of State's records. If a member or an authorized representative of a member. executed in accordance with section 605.0203 (1) (b), Florida Statutes of the provided for in s.817.155, F.S. Typed or printed name of signee Filing Fees: of Organization and Designation of Registered Agent analy	ot be