1/6000/0577/

| (Re | equestor's Name) | |
|-------------------------|--------------------|-------------|
| (Ac | ldress) | |
| (Ac | idress) | |
| (Ci | ty/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | isiness Entity Nan | ne) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
| | | |
| | | |
| | | |
| | . <u> </u> | |

Office Use Only



700285690137

05/23/16--01034--003 **130.00

JUN 2 2016)

S. GILBERT

May 18, 2016

Good Afternoon,

Please find enclosed forms for Articles of Organization for Florida Limited Liability Company.

The company name is HighVue. Also enclosed with the documents is a check in the amount of \$130.00 for the filing fee and Certificate of Status. Please contact me regarding any questions or correspondence at the following:

Lisa J. Bradley

175 Lake Shepard Drive

Apopka, FL, 32703

(407)280-0233

Thank You,

Lisa J. Bradley

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: | | | |
|---|--|-------------------------------------|--|
| The name of the Limited Liability Comp | any is: | | |
| History II C | | | 16 MAY 23 PM 2:0 |
| HighVue,LLC (Must end with the | words "Limited L | iability Co | mpany, "L.L.C.," or "LLC,") |
| · · · · · · · · · · · · · · · · · · · | | , | HALL BEIGGE FLORIC |
| ARTICLE II - Address: The mailing address and street address o | f the principal offi | ice of the L | imited Liability Company is: |
| Principal Offic | e Address: | | Mailing Address: |
| 175 Lake Shepard Drive | | | 175 Lake Shepard Drive |
| Apopka, FL. 32703 | | | Apopka, FL, 32703 |
| | | | |
| <u>Lisa l</u> | J. Bradley | Name | |
| 175 L | ake Shepard Driv | /e | |
| | da street address (| | NOT acceptable) |
| Apop | ka | FL | 32703 |
| | City | State | Zip |
| place designated in this certificate, I hereby further agree to comply with the provisions | y accept the appoint of all statutes related to the statutes of my position as | ntment as reating to the registered | for the above stated limited liability company at the egistered agent and agree to act in this capacity. I proper and complete performance of my duties, and I agent as provided for in Chapter 605, F.S Signature (REQUIRED) |
| | | CONTIN | HED) |

Page 1 of 2

| Title: | Name and Address: |
|--|--|
| "AMBR" = Authorized Member "MGR" = Manager | , |
| Eugene E. Bradley, AN | 175 Lake Shepard Drive |
| | Apopka, FL 32703 |
| | |
| Lisa J. Bradley, Manag | 175 Lake Shepard Drive |
| | Apopka, FL 32703 |
| | |
| | |
| | |
| | · |
| the state of the state of the | The second of th |
| | |
| | |
| | |
| (Use attachment if necessary) | |
| Tective date is listed, the date must be specific of filing.) If the date inserted in this block does not meet | iling: June 1, 2016 (OPTIONAL) c and cannot be more than five business days prior to or 90 the applicable statutory filing requirements, this date will no |
| ffective date is listed, the date must be specific e of filing.) | c and cannot be more than five business days prior to or 90 the applicable statutory filing requirements, this date will no |
| ffective date is listed, the date must be specific of filing.) If the date inserted in this block does not meet nument's effective date on the Department of St | c and cannot be more than five business days prior to or 90 the applicable statutory filing requirements, this date will no |
| fective date is listed, the date must be specific of filing.) If the date inserted in this block does not meet ument's effective date on the Department of St | c and cannot be more than five business days prior to or 90 the applicable statutory filing requirements, this date will no |
| ffective date is listed, the date must be specific of filing.) If the date inserted in this block does not meet nument's effective date on the Department of State VI: Other provisions, if any. | c and cannot be more than five business days prior to or 90 the applicable statutory filing requirements, this date will no |
| ffective date is listed, the date must be specific of filing.) If the date inserted in this block does not meet nument's effective date on the Department of State VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a member of this document is executed in I am aware that any false info | the applicable statutory filing requirements, this date will no tate's records. er or an authorized representative of a member. n accordance with section 605.0203 (1) (b), Florida Statutes. commation submitted in a document to the Department of State |
| fective date is listed, the date must be specific of filing.) If the date inserted in this block does not meet ament's effective date on the Department of State VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a member of this document is executed in I am aware that any false inforcenstitutes a third degree felorical states. | the applicable statutory filing requirements, this date will no tate's records. The applicable statutory filing requirements, this date will not tate's records. The applicable statutory filing requirements, this date will not tate is records. The applicable statutory filing requirements, this date will not tate is records. |
| rective date is listed, the date must be specific of filing.) If the date inserted in this block does not meet ument's effective date on the Department of State VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a member of this document is executed in I am aware that any false inforcement at third degree felocution. Lisa J. Bradley | the applicable statutory filing requirements, this date will no tate's records. er or an authorized representative of a member. n accordance with section 605.0203 (1) (b), Florida Statutes. formation submitted in a document to the Department of State ony as provided for in s.817.155; F.S. |
| ffective date is listed, the date must be specific of filing.) If the date inserted in this block does not meet ument's effective date on the Department of St. LE VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a member of this document is executed in I am aware that any false inforconstitutes a third degree feloculars. I Bradley | the applicable statutory filing requirements, this date will no tate's records. er or an authorized representative of a member. n accordance with section 605.0203 (1) (b), Florida Statutes. ormation submitted in a document to the Department of State only as provided for in s.817.155, F.S. |
| ffective date is listed, the date must be specific of filing.) If the date inserted in this block does not meet ument's effective date on the Department of St. LE VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a member of this document is executed in I am aware that any false inforconstitutes a third degree felometry. Lisa J. Bradley | the applicable statutory filing requirements, this date will no tate's records. er or an authorized representative of a member. n accordance with section 605.0203 (1) (b), Florida Statutes. formation submitted in a document to the Department of State ony as provided for in s.817.155; F.S. |

as

ARTICLE IV-