U16030143412

| | (Requestor's Name) |
|---------------------|--------------------------|
| | (Address) |
| | (Address) |
| 1 24 5 | (City/State/Zip/Phone #) |
| PICK-U | P WAIT MAIL |
| | (Business Entity Name) |
| | (Document Number) |
| Certified Copies | Certificates of Status |
| Special Instruction | s to Filing Officer: |
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Office Use Only



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07/26/16--01021--017 **125.00



COVER LETTER

| TO: Registration Section Division of Corporations | | | |
|---|--|--|-----|
| SUBJECT: Hargis Ho Name of Lin | Me Impro | vements | LL(|
| The enclosed Articles of Organization and fee(s) as | re submitted for filing. | | |
| Please return all correspondence concerning this m | atter to the following: | | |
| Joshua | Hargi'S Name of Person | | - |
| | Firm/Company | · · · · · · · · · · · · · · · · · · · | - |
| 43 Form | by Street. | | _ |
| <u>Joshhargis 80</u> | Address 1 32439 City/State and Zip Code 1 a gmail: Com I for future annual report notificati | on) | - |
| For further information concerning this matter, pleas | se call: | | |
| Johna Harais at (| Nrea Code Daytime Telephone | Number | |
| \$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status | \$155,00 Filing Fee & Certified Copy (additional copy is enclosed) | \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclo | |
| Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Street Address New Filing Section Division of Corporation Clifton Building 2661 Executive Cente Tallahassee, FL 3230 | er Circle | |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Hargis Home Improvemen

ARTICLE I - Name:

The name of the Limited Liability Company is:

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| (Must end with the words Limited Liability Cor | mpany, L.E.C., or LLC. | |
|--|---|----------------|
| ARTICLE II - Address: The mailing address and street address of the principal office of the Li | imited Liability Company is: | |
| Principal Office Address: 43 Formby St. Freeport, FL 32439 | Mailing Address: 43 Formby St. Freeport, FL 32439 | - |
| ARTICLE III - Registered Agent, Registered Office, & Registered (The Limited Liability Company cannot serve as its own Registered A another business entity with an active Florida registration.) | | |
| The name and the Florida street address of the registered agent are: TOSHUA RAY Name H3 FORM BY Florida street address (P.O. Box No. 1) City State Iaving been named as registered agent and to accept service of process | 32439 zip | at the |
| lace designated in this certificate, I hereby accept the appointment as re urther agree to comply with the provisions of all statutes relating to the p m familiar with and accept the obligations of my position as registered o | proper and complete performance of my dutie. | |
| Registered Agent's | Signature (REQUIRED) | |
| (CONTINU | UED) | |
| Page 1 o | of 2 | 16 JUL 26 AH 7 |

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ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

| "AMBR" = Authorized Member "MGR" = Manager AYY B | Joshua Ray Hargis 43 Formby St. Freeport, FL 32439 |
|---|--|
| | |
| (Use attachment if necessary) | |
| ARTICLE V: Effective date, if other than the date of fili (If an effective date is listed, the date must be specific | ing: (OPTIONAL) and cannot be more than five business days prior to or 90 days after |
| ARTICLE V: Effective date, if other than the date of fili (If an effective date is listed, the date must be specific the date of filing.) | and cannot be more than five business days prior to or 90 days after the applicable statutory filing requirements, this date will not be listed as |

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)