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O'KELLEY & SOROHAN ATTORNEYS AT LAW, LLC

JOE F. O'KELLEY, JR. ADMITTED IN GEORGIA

DIEDRA L. SOROHAN ADMITTED IN GEORGIA

SEAN K. MILLS, ESQ.

MANAGING PARTNER ADMITTED IN FLORIDA AND NEW YORK

2290 LUCIEN WAY, SUITE 205

MAITLAND, FLORIDA 32751

MAIN OFFICE: 407-475-5350 FAX: 407-475-5355

Sent Via FedEx

July 26, 2016

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RE: Registration of Limited Liability Company

To Whom It May Concern:

Enclosed please find Articles of Organization along with a check in the amount of \$160.00 for registration of FLH3 and Associates, LLC.

Should you have any questions or need any further information, please contact me directly at the number above. Thank you in advance for your assistance.

Sincerely,

/s/ Sean K. Mills

Sean K. Mills, Esq.

Enclosures: Articles of Organization, Check

COVER LETTER

O: Registration Section Division of Corporations
SUBJECT: FLH3 AND ASSOCIATES LLC Name of Limited Liability Company
Name of Limited Liability Company
The sealest Anti-less Communication and Sea/s) are included for Silver
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Son V Mule For
SCON K. MILLS ESQ. Name of Person
O'KGLOY & SOCOHON ATTORNEYS AT LAW, LLC Firm/Company
Firm/Company
200 Lines LIAN SUITE 205
2290 LUCIEN WAY SUITE 205
MAITLAND FLORIDA 32751 City/State and Zip Code Fhill @ hpidrect, net
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
SEAN MILLS 01/407 1475-5350
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Street Address
New Filing Section New Filing Section
Division of Corporations P.O. Box 6327 Division of Corporations Clifton Building
Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ARTICLE II - Address:	with the words "Limited Liability Conditions of the principal office of the			
_	al Office Address:	·		ddress:
7561 PULLI WINTER GAR	E FINCH STEET DEN, FL J4787	405 TEIN CANTON,	GA	20115
	ent, Registered Office, & Register cannot serve as its own Registered ctive Florida registration.)			ı individual or
ne name and the Florida street	address of the registered agent are:			
	FRED L. HILL :	III.		-
	7561 Pueple Fine			
	Florida street address (P.O. Box	NOT acceptable)		•
	WINTE GALDEN FO	3478	17	
	City State	Zip		•
	gent and to accept service of proces I hereby accept the appointment as	registered agent and ag	ree to d	act in this capacity. I
ther agree to comply with the pr	ligations of my position as registered		in Chap 	

Page 1 of 2

Title:	•	Name and Address:
	uthorized Member	
"MGR" = Ma Amba	nager •	FRED L. HILL , III
	•	7561 PULMEFINCH STREET
		WINTER GARDON, FL 34787
	-	
•		
LEV: Effective fective date is l	ent if necessary) e date, if other than the date of fillsted, the date must be specific	iling: (OPTIONAL) c and cannot be more than five business days prior to or 90 day
LE V: Effective fective date is I of filing.) If the date insert ument's effective LE VI: Other pr	e date, if other than the date of finited, the date must be specificated in this block does not meet the date on the Department of Sovisions, if any.	c and cannot be more than five business days prior to or 90 day the applicable statutory filing requirements, this date will not be tate's records.
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LE V: Effective fective date is I of filing.) If the date insert ument's effectiv LE VI: Other pr	e date, if other than the date of fisted, the date must be specificed in this block does not meet the date on the Department of Stovisions, if any. Signature of a member This document is executed in I am aware that any false inforconstitutes a third degree felor	the applicable statutory filing requirements, this date will not be tate's records. er or an authorized representative of a member. n accordance with section 605.0203 (1) (b), Florida Statutes. bromation submitted in a document to the Department of State

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)