## 11600165928

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
<u> </u>
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Outside Handrack and Tillian Office
Special Instructions to Filing Officer:

Office Use Only



800290000588

09/09/16--01001--007 \*\*125.00

SUPTION YOU WOULD THE ACKNOWLEDGE

AFP - 9 PH 4: 02 16

C/9/9/14

## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Forster & Howell H	oldings, LLC		·
			<u>-</u>
			Art of Inc. File
			LTD Partnership File
			Foreign Corp. File
			L.C. File
			Fictitious Name File co
			Trade/Service Mark 🛅 😈
			Merger File
			Art. of Amend. File Co
			RA Resignation
			Dissolution / Withdrawal
			Annual Report / Reinstatement
			Cert. Copy
			Photo Copy
			Certificate of Good Standing
			Certificate of Status
		·	Certificate of Fictitious Name
			Corp Record Search
			Officer Search
			Fictitious Search
Signature		<del>"</del>	Fictitious Owner Search
			Vehicle Search
Paguastad by			Driving Record UCC 1 or 3 File
Requested by: SETH	09/07/16	<del></del>	UCC 11 Search
Name	Date	Time	UCC 11 Retrieval
Walk-In	Will Pick Un		Courier

## **COVER LETTER**

	gistration Section vision of Corporations	
SUBJECT:	Forster & Howell Holdings, LLC Name of Limited Liability Company	
	d Articles of Organization and fee(s) are submitted for filing.	
Please return	n all correspondence concerning this matter to the following:	
-	Brian D. Hess  Name of Person	
-	Firm/Company	
	PO Box 9454	
•	Address	
	Panama City Beach, Fl. 32417	
	City/State and Zip Code bdh@pcblaw.net	
For further in	E-mail address: (to be used for future annual report notification)  nformation concerning this matter, please call:	
]	Brian D. Hess at (850 ) 814-7605  Name of Person Area Code Daytime Telephone Number	
Enclosed is	s a check for the following amount:	
\$125.00 Fil	S130.00 Filing Fee & S155.00 Filing Fee & S160.00 Filing Fee, Certificate of Status & Certified Copy  (additional copy is enclosed)  S160.00 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 Tallahassee, FL 32314  CD  CD	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED

ARTICLE	I - Name:
---------	-----------

The name of the Limited Liability Company is:

16 SEP -8 # 9 18

Forster & Howell 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 Limited Liability Company is:

Principal Office Address:

9108 Front Beach Road

Panama City Beach, F1 32407

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Brian D. Hess

Name

9108 Front Beach Road

Florida street address (P.O. Box NOT acceptable)

Panmama City Baech Fl 32407

City

State

Zip

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

AMBR" = Authorized Member MGR" = Manager MBR	
MBR	
	Brian D. Hess
	9108 Front Beach Road
	-Panamo-Gity-Beach, Fl 32407
Use attachment if necessary)	
VI: Other provisions, if any.	
EOUIRED SIGNATURE:	
	) Ha_
Signature of a member	or an authorized representative of a member.
Signature of a member This document is executed in a	or an authorized representative of a member.
Signature of a member This document is executed in a I am aware that any false infort	or an authorized representative of a member.
Signature of a member This document is executed in a I am aware that any false infort	or an authorized representative of a member, accordance with section 605.0203 (1) (b), Florida Statutes, nation submitted in a document to the Department of State
Signature of a member This document is executed in a I am aware that any false infort constitutes a third degree felon	or an authorized representative of a member, accordance with section 605.0203 (1) (b), Florida Statutes, nation submitted in a document to the Department of State
Signature of a member This document is executed in a I am aware that any false infort constitutes a third degree felon Typ	or an authorized representative of a member, accordance with section 605.0203 (1) (b), Florida Statutes, mation submitted in a document to the Department of State y as provided for in s.817.155, F.S.  D. Hessed or printed name of signee  Filing Fees:
Signature of a member This document is executed in a I am aware that any false infort constitutes a third degree felon Typ  \$125.00 Filing Fee for Articles of Organiza	or an authorized representative of a member, accordance with section 605.0203 (1) (b), Florida Statutes, mation submitted in a document to the Department of State y as provided for in s.817.155, F.S.  D. Hessed or printed name of signee  Filing Fees:
Signature of a member This document is executed in a I am aware that any false infort constitutes a third degree felon Typ	or an authorized representative of a member, accordance with section 605.0203 (1) (b), Florida Statutes, nation submitted in a document to the Department of State y as provided for in s.817.155, F.S.  D. H. S. ed or printed name of signee  Filing Fees: ation and Designation of Registered Agent
Signature of a member This document is executed in a I am aware that any false infort constitutes a third degree felon Typ  \$125.00 Filing Fee for Articles of Organiza \$ 30.00 Certified Copy (Optional)	or an authorized representative of a member. accordance with section 605.0203 (1) (b), Florida Statutes. mation submitted in a document to the Department of State y as provided for in s.817.155, F.S.  D. H.S. ed or printed name of signee  Filing Fees: ation and Designation of Registered Agent