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To:

Division of Corporations

Fax Number : (850) 617-6381

From:

: VCORP SERVICES, LLC Account Name

Account Number: 120080000067

: (845)425-0077

Fax Number

: (845)818-3588

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

9

## FLORIDA LIMITED LIABILITY CO.

Hancia Co., LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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The name of the Limited Liability Company is:

Hancia Co., LLC

(Must end with the words "Limited Liability Company, "LL.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:

Mailing Address:

12891 Marsh Pointe Way Palm Beach Gardens, FL 33418 12891 Marsh Pointe Way
Palm Bench Gardens, FL 33418

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:

Ashlee Calcia

Name

12891 Marsh Pointe Way

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

Palm Beach Gardens

33418

Zip

City

State

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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SECRETARY OF STATE

Signature of a member or an authorized representative of a member.  This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes I am aware that any false Information submitted for in a.817.155, F.S.  Ashles Calcia  Typed or printed name of signes  Filing Fees;  S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent	Titler	( 124-1	Name and Address:
AMBR    Nicholas Calcia   12891 Marsh Pointe Wgy   Palm Beach Gardens, FL 33418     Ashlee Calcia   12891 Marsh Pointe Way   Palm Beach Gardens, FL 33418     Ashlee Calcia   12891 Marsh Pointe Way   Palm Beach Gardens, FL 33418     Ev: Effective date, if other than the date of filing:			
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Ashlee Calcia  12891 Marsh Pointe Way Palm Beach Gardens, FL 33418  (Use attachment if necessary)  E. V.: Effective date, if other than the date of filing:  ———————————————————————————————————	AMDIN	<del></del> _	
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