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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Humphrey Imports LLC Name of Limited Liability Company	
Name of Limited Liability Company	
The enclosed Articles of Organization and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Bradley A. Sostack	
Name of Person	
Humphrey Imports LLC Firm/Company	
Firm/Company	
1508 Bay Rd Apt 13	5 AR
Address	16 001
Miami Beach, FL 33139 City/State and Zip Code	<u></u>
City/State and Zip Code humphrey imports @ gmail. com	
E-mail address: (to be used for future annual report notification)	
or further information concerning this matter, please call:) (DA
Bradley Sostack at (186) 5405449	
Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\ \text{Certificate of Status} \text{S155.00 Filing Fee & Certified Copy (additional copy is enclosed)} \text{\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \text{\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \text{\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)}	&
Mailing Address Street Address	
New Filing Section New Filing Section Division of Corporations Division of Corporations	

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

, ARTICLE I - Name:

(Must en	Humphrey d with the words "L	imited Liability (Company, "L.L.	し <u>て</u> C" or "LL	.C.")	
	a war are words E	minos Elabinity (ompuny, E.B.	o., o. <u>de</u>	,,	
TICLE II - Address: mailing address and street	address of the princ	cipal office of the	Limited Liabili	ty Compan	y is:	
<u>Princ</u>	pal Office Address	; :		<u>Mailin</u>	g Address:	
1508 Bay	КI		150	8 Bay	RJ	
Apt 73				<u> </u>		
			Apt	1 12		
TICLE III - Registered A e Limited Liability Compar	ny cannot serve as it	ffice, & Registered sown Registered	red Agent's Sig	nature:	Beach, FL	33139
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further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and l 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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
<u>AMBR</u>	Bradley A. Sostack 1508 Bay Rd Apt 73
	1508 Bay Rd Apt 73 Minni Beach FL 33139
	
AMBR	Svetlana Plankova 1508 Bay Rd Apt 73
	1508 Bay Rd Apt 73 Miam; Beach FU 33139
(Use attachment if necessary)	
TOT TIME TOO A SHAPE SO A SHAPE A	Later Correction to the second commontation
	he date of filing: January 1, 2017. (OPTIONAL)
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n effective date is listed, the date mustate of filing.) Let If the date inserted in this block doe document's effective date on the Departicle VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of This document is	t be specific and cannot be more than five business days prior to or 90 days not meet the applicable statutory filing requirements, this date will not be

ARTICLE IV-

Page 2 of 2

Bradley A. Sostack
Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

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