L16000200928

| (Req | uestor's Name) | |
|---------------------------|----------------------------------------|-------------|
| | | |
| (Addı | ress) | |
| | | |
| (Addı | ress) | |
| (riddi | (033) | |
| | | |
| (City/ | /State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| | | |
| (Bus | iness Entity Nar | ne) |
| | | |
| (Doc | ument Number) | |
| (550 | u,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | |
| 0.115.10 | 0 55 | 1000 |
| Certified Copies | Certificates | s of Status |
| | | |
| Special Instructions to F | iling Officer: | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |





000291357200

10/31/16--01011--017 **125.00

nors OCT 31 PM 2: 1

11/03/16

Mame -Howard Crowley Address -631 Sea Pine =

631 Sea Pines WAY F-1 Greenocres, Florida

Phone-

561-667-2801

.

,

.

.

. . .

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability Company is: | |
|-------------------------------------------------------------------------------------------------|-----------------------------|
| Howje's Hotologs LLC | 7 |
| (Must end with the words "Limited Liability Con | |
| ARTICLE II - Address: The mailing address and street address of the principal office of the Lin | mited Liability Company is: |
| Principal Office Address: | Mailing Address: |

| Principal Office Address: | Mailing Address: |
|---------------------------|------------------|
| 631 See Pine WAY | 6AMC as |
| Greenacres Florida | |
| 33415 | |
| | |

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:

| Howard Crowley |
| Name |
| Sea Pine WAFF-/|
| Florida street address (P.O. Box NOT acceptable)
| 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.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

mis OCT 31 PH 2: 15

| Title: | | Name and Address: | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| "AMBR" = Authorized Mer | nber | 1 2 1 | |
| "MGR" = Manager | | Hough Crowley | |
| | | 631 Sea Pine WHY | p-F-1 |
| | | GREA ACRES Florid | a 3341 |
| | | | |
| | | | |
| | | | |
| • | | *** | |
| | | | |
| | | | |
| | | | · · · · · · · · · · · · · · · · · · · |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| (Use attachment if necessary |) | | |
| fective date is listed, the date of filing.) | must be specific an | d cannot be more than five business days p | rior to or 90 |
| fective date is listed, the date of filing.) | must be specific an k does not meet the | and cannot be more than five business days p applicable statutory filing requirements, this | rior to or 90 |
| fective date is listed, the date of filing.) If the date inserted in this bloc | must be specific and k does not meet the Department of State | and cannot be more than five business days p applicable statutory filing requirements, this | rior to or 90 |
| fective date is listed, the date of filing.) If the date inserted in this blocument's effective date on the LE VI: Other provisions, if any | must be specific and k does not meet the Department of State | and cannot be more than five business days p applicable statutory filing requirements, this | rior to or 90 |
| fective date is listed, the date of filing.) If the date inserted in this blocument's effective date on the LE VI: Other provisions, if any REOUIRED SIGNATURE | k does not meet the Department of State | and cannot be more than five business days per applicable statutory filing requirements, this is records. | date will not |
| fective date is listed, the date of filing.) If the date inserted in this blocument's effective date on the LE VI: Other provisions, if any REOUIRED SIGNATURE Signa | k does not meet the Department of State | applicable statutory filing requirements, this is records. | rior to or 90 date will not |
| fective date is listed, the date of filing.) If the date inserted in this blocument's effective date on the LE VI: Other provisions, if any Signa This document and the series of the se | k does not meet the Department of State ure of a member of the cent is executed in ac | applicable statutory filing requirements, this is records. r an authorized representative of a member contained with section 605,0203 (1) (b), Flori | date will not |
| fective date is listed, the date of filing.) If the date inserted in this blocument's effective date on the LE VI: Other provisions, if any Signa This document I am aware to the solution of the section | k does not meet the Department of State ure of a member of the tis executed in act any false informations. | applicable statutory filing requirements, this is records. r an authorized representative of a member condance with section 605.0203 (1) (b), Floriation submitted in a document to the Department of the departm | date will not |
| fective date is listed, the date of filing.) If the date inserted in this blocument's effective date on the LE VI: Other provisions, if any Signa This document I am aware to the solution of the section | wre of a member of ent is executed in act any false informat hird degree felony | applicable statutory filing requirements, this is records. r an authorized representative of a member and accordance with section 605.0203 (1) (b), Floriation submitted in a document to the Department as provided for in s.817.155, F.S. | date will not |
| fective date is listed, the date of filing.) If the date inserted in this blocument's effective date on the LE VI: Other provisions, if any Signa This document I am aware to the solution of the section | wre of a member of ent is executed in act any false informat hird degree felony | applicable statutory filing requirements, this is records. r an authorized representative of a member and accordance with section 605.0203 (1) (b), Floriation submitted in a document to the Department as provided for in s.817.155, F.S. | date will not |
| fective date is listed, the date of filing.) If the date inserted in this blocument's effective date on the LE VI: Other provisions, if any Signa This document I am aware to the solution of the section | wre of a member of ent is executed in act any false informat hird degree felony | applicable statutory filing requirements, this is records. r an authorized representative of a member condance with section 605.0203 (1) (b), Floriation submitted in a document to the Department of the departm | date will not |
| fective date is listed, the date of filing.) If the date inserted in this blocument's effective date on the LE VI: Other provisions, if any Signa This document I am aware to the solution of the section | wre of a member of ent is executed in act any false informat hird degree felony | applicable statutory filing requirements, this is records. r an authorized representative of a member contains with section 605.0203 (1) (b), Flori ation submitted in a document to the Departmas provided for in s.817.155, F.S. | date will not |
| fective date is listed, the date of filing.) If the date inserted in this blocument's effective date on the LE VI: Other provisions, if any Signa This docum I am aware to constitutes a | we of a member of the control of state of a member of the control | applicable statutory filing requirements, this is records. r an authorized representative of a member contains with section 605.0203 (1) (b), Flori ation submitted in a document to the Departmas provided for in s.817.155, F.S. If or printed name of signce Filing Fees: | date will not |
| fective date is listed, the date of filing.) If the date inserted in this blocument's effective date on the LE VI: Other provisions, if any Signa This docum I am aware to constitutes a | we of a member of the degree felony Typec | applicable statutory filing requirements, this is records. r an authorized representative of a member contains with section 605.0203 (1) (b), Flori ation submitted in a document to the Departmas provided for in s.817.155, F.S. | date will not |

Page 2 of 2