L16000217273

(Req	uestor's Name)			
(Add	ress)	<u></u>		
(Add	ress)	•		
(City	/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bus	iness Entity Nai	me)		
(Document Number)				
Certified Copies	Certificate	s of Status		
Special Instructions to Filing Officer:				





500292129205

11/28/16--01011--001 **125.00

FILED

16 NOV 28 PH 7: 23

SECRETARY OF STATE
TALL MHASSEE, FLORIDA

D O'KEEFE DEC 01 2016

COVER LETTER

	egistration Section ivision of Corporations					
SUBJECT	Herring Ventures, LLC					
SUBJECT		Limited Liabili	ty Company			
The enclos	ed Articles of Organization and fee(s)	are submitted	for filing.			
Please retu	rn all correspondence concerning this	matter to the fe	ollowing:			
	Evelyn M Herring					
		Name of	Person			
	HomeMade Varity.	(Adva)				
	1101.19.190	Firm/Co	mpany			
	2242 Shadow Lakes Drive					
	Address					
	Sarasota, FL 34240					
	evieh13@gmail.com	City/State and	d Zip Code			
•	E-mail address: (to be us	sed for future a	nnual report notification)			
For further i	nformation concerning this matter, ple	ease call:				
	Evelyn M Herring	941	3792320			
	Name of Person	Area Code	Daytime Telephone Number			
Enclosed i	s a check for the following amount:					
\$125.00 F	iling Fee \$130.00 Filing Fee & Certificate of Status	L—ICertific	10 Filing Fee & \$160.00 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 2661 Executive Center Circle Tallahassee, FL 32301			

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

Herring Ventures, (Must end	with the words "Limited Lia	bility Company,	"L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street a	address of the mineinal office	of the Limited	Lighility Company ic
-	•	of the Limited	
<u>Princi</u>	nal Office Address:		Mailing Address:
2242 Shadow Lakes Drive		2242	Shadow Lakes Drive
Sarasota, FL 34240		Sarasota, FL 34240	
ARTICLE III - Registered Ag The Limited Liability Compan mother business entity with an	ent, Registered Office, & Ry cannot serve as its own Regactive Florida registration.)	egistered Agen gistered Agent. Y	
ARTICLE III - Registered Ag	gent, Registered Office, & Ry cannot serve as its own Regactive Florida registration.) address of the registered age	egistered Agen gistered Agent. Y	t's Signature:
ARTICLE III - Registered Ag (The Limited Liability Compan another business entity with an	gent, Registered Office, & Registered office, & Registered as its own Registration.) address of the registered age Evelyn M Herring	egistered Agen gistered Agent. Y	t's Signature:
ARTICLE III - Registered Ag (The Limited Liability Compan another business entity with an	gent, Registered Office, & Registered office, & Registered as its own Registration.) address of the registered age Evelyn M Herring	egistered Agent, Y ent are:	t's Signature:
ARTICLE III - Registered Ag (The Limited Liability Compan another business entity with an	gent, Registered Office, & R y cannot serve as its own Reg active Florida registration.) address of the registered age Evelyn M Herring	egistered Agen gistered Agent. Y ent are:	t's Signature: You must designate an individual or
ARTICLE III - Registered Ag (The Limited Liability Compan another business entity with an	gent, Registered Office, & Registered Office, & Registered office, & Registered as its own Registered age address of the registered age Evelyn M Herring Na 2242 Shadow Lakes D	egistered Agen gistered Agent. Y ent are:	t's Signature: You must designate an individual or

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)

Page 1 of 2

SLUKETAN PH 7: 23

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager MGR	Evelyn M Herring 2242 Shadow Lakes Drive Sarasota, FL 34240
(Use attachment if necessary)	
(If an effective date is listed, the date must be spi the date of filing.)	of filing: 1/1/2017 (OPTIONAL) ecific and cannot be more than five business days prior to or 90 days after neet the applicable statutory filing requirements, this date will not be listed of State's records.
Signathre of a me This document is execu	ember or an authorized representative of a member. ted in accordance with section 605.0203 (1) (b), Florida Statutes, e information submitted in a document to the Department of State
constitutes a third degree	e felony as provided for in s.817.155, F.S.
Evolyn W Florin	Typed or printed name of signee
\$125.00 Filing Fee for Articles of Or \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Option	SSE S
	Page 2 of 2

ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: