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### **COVER LETTER**

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TO: Registration Section **Division of Corporations** 

SUBJECT:

17 JAN -5 AM 11: 04

SEURLTARY OF STATE TALLAHASSEE, FLORIDA

H3G Engineering, LLC

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: Matt Scaringe

Name of Person H2Engineering, Inc. Firm/Company 114 East 5th Avenue Address Tallahassee, FL 32303 City/State and Zip Code mscaringe@h2engineering.com

For further information concerning this matter, please call:

Matt Scaringe Daytime Telephone Number Name of Person Area Code

E-mail address: (to be used for future annual report notification)

Enclosed is a check for the following amount:

\$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status

\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)

\$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

## EFFECTIVE DATE

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	ART	ICL	EΙ	- Na	me:
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The name of the Limited Liability Company is:

FILED

17 JAN -5 AM 11: 04

H3G Engineering, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

SECRETARY OF STATE TALLAHASSEE, FLORIDA

### **ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
114 East 5th Avenue	114 East 5th Avenue
Tallahassee, FL 32303	Tallahassee, FL 32303

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:

Ryan Chewning		
	Name	
114 East 5th Avenu	e	
Florida street addre	ss (P.O. Box <u>NOT</u> ac	eceptable)
Tallahassee	FL	32303
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

ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: "AMBR" = Authorized Member "MGR" = Manager **AMBR** Chris Garick 142 Eglin Parkway S.E. Fort Walton Beach, FL 32548 MGR Matt Scaringe 114 East 5th Avenue Tallahassee, FL 32303 (Use attachment if necessary) **ARTICLE V:** Effective date, if other than the date of filing: January 6, 2017 (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. ARTICLE VI: Other provisions, if any. **REQUIRED SIGNATURE:** Signature of a member or an apthorized 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 in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. Matt Scaringe Typed or printed name of signee

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Filing Fees:

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

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

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