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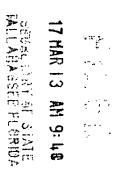
(Requestor's Name)
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: H&M Realty Solution Name of Limited Liab	15, UC ility Company
The enclosed Articles of Organization and fee(s) are submitte	ed for filing.
Please return all correspondence concerning this matter to the	following:
Michael Tipak	of Person
H&M Realty So Firm/C	Jutions, CLC
2086 Oak Meadow	Circle
South Day tong Fl Mtimpak 435 6 gma. E-mil address: (to be used for future	32119 and Zip Code L.cau cannual report notification)
For further information concerning this matter, please call:	
Michael Tippek at (774 Name of Person Area Code	Daytime Telephone Number
Enclosed is a check for the following amount:	
Certificate of Status Cert	5.00 Filing Fee & \$160.00 Filing Fee, Gertificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address New Filing Section Division of Corporations P.O. Box 6327	Street Address New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle
Tallahassee, FL 32314	Z001 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:	
(Must end with the words "Limited Liability Company, "L.L.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:	
South Daytona EL 32119	
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: Michael Tinak	17 MAK
Name 2086 Cak Mecdow Circle Florida street address (P.O. Box NOT acceptable)	J 517

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

	Name and Address:	
"AMBR" = Authorized Member "MGR" = Manager Co - Gander (AMBR) Lo - Gander (AMBR)	Michael Timek 2086 oak Marche Circle South Daytona, El 32119 Hayda Flores 7006 Mantair Top Ct Indian Trail, NC 28079	ام - - 1 -
		- - -
(Use attachment if pagesent)		_
ffective date is listed, the date must be specific	ng: (OPTIONAL) and cannot be more than five business days prior to or 9	90 day
CLE V: Effective date, if other than the date of filing effective date is listed, the date must be specific e of filing.) If the date inserted in this block does not meet the	and cannot be more than five business days prior to or some applicable statutory filing requirements, this date will n	
CLE V: Effective date, if other than the date of filieffective date is listed, the date must be specific e of filing.)	and cannot be more than five business days prior to or some applicable statutory filing requirements, this date will note's records.	
CLE V: Effective date, if other than the date of filing effective date is listed, the date must be specificate of filing.) If the date inserted in this block does not meet the cument's effective date on the Department of States.	and cannot be more than five business days prior to or see applicable statutory filing requirements, this date will nete's records.	
CLE V: Effective date, if other than the date of filing effective date is listed, the date must be specificate of filing.) If the date inserted in this block does not meet the cument's effective date on the Department of States.	and cannot be more than five business days prior to or some applicable statutory filing requirements, this date will note's records.	
CLE V: Effective date, if other than the date of filing effective date is listed, the date must be specific to the of filing.) If the date inserted in this block does not meet the cument's effective date on the Department of Stack CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member This document is executed in I am aware that any false infor constitutes a third degree felor Michael.	and cannot be more than five business days prior to or some applicable statutory filing requirements, this date will mete's records. To ran authorized representative of a member. accordance with section 605.0203 (1) (b), Florida Statutes mation submitted in a document to the Department of Statutes may as provided for in s.817.155, F.S.	17 HAR 13 AM 9: 40

ARTICLE IV-

Page 2 of 2