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|         | Division of Co    | rporations , —                                   |          |
|---------|-------------------|--|----------|
|         | Fax Number        | : (850)617-6381                                  | 2017 AUG |
| From:   |                   | <u>≥</u> 26                                      | $\geq$   |
|         | Account Name      | : LAZARUS CORPORATE FILING SERVICE, INC.         | 5        |
|         | Account Number    | : I20000000019                                   | 5        |
|         | Phone             | : (305)552-5973                                  | S        |
|         | Fax Number        | : (305)675-5944                                  | P        |
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| **Enter | the email addres: | s for this business entity to be used for futire | : 19     |
| ลกก     | ual report maili  | ngs. Enter only one email address please. ** 😅 🖽 | ်င       |

## FLORIDA LIMITED LIABILITY CO. HONEYCOMB CONSTRUCTION & CONSULTING, LLC

| Certificate of Status | i        |  |
|-----------------------|----------|--|
| Certified Copy        | 0        |  |
| Page Count            | 03       |  |
| Estimated Charge      | \$130.00 |  |

Electronic Filing Menu

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability Company is: (Must end with the words "Limited Liability Company, "LL.C." or "LLC.")  |
|--|
| HONEYCOMB CONSTRUCTION & CONSULTING, LLC   |
| ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:  2255 W. 10ct  Hialeat, Fl. 33010  |
| ARTICLE III - Registered Agent, Registered Office:  The name and the Florida street address of the registered agent are: (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.)  |
| Albert Rodriguez  2255 W 10 CT  Higlegh EL 33010   |
| ARTICLE IV- The name and title of each person authorized to manage and control the Limited Liability Company:  |
| Albert Rodriguez (AMBR)  Albert Rodriguez (AMBR)  Allers III  SERVE III  SERV |
| 9  |

Required Signatures:

H17000216610

Signature of a member or an authorized representative of a member.

In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.

Typed or printed name of signee

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)