

From:

11/6/2017

11/06/2017 17:11

#546 2.001/005

Division of Corporations

## Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H17000292855 3)))



H170002928553ABC6

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.** Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : PYLE & DELLINGER, PL.

Account Number : I20000000053

Phone : (386)615-9007

Fax Number : (386)676-2615

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: larson.david@gmail.com

### FLORIDA LIMITED LIABILITY CO.

The Restoration Herd, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

(((H17000292855 3)))

**ARTICLES OF ORGANIZATION  
OF  
THE RESTORATION HERD, LLC**

The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, Chapter 605, *Florida Statutes*, hereby executes the following Articles of Organization.

**ARTICLE I  
NAME**

The name of the Limited Liability Company is **THE RESTORATION HERD, LLC**.

**ARTICLE II  
ADDRESS**

The street address and the mailing address of the principal office of the Company is **1214 Hampstead Lane, Ormond Beach, FL 32174**.

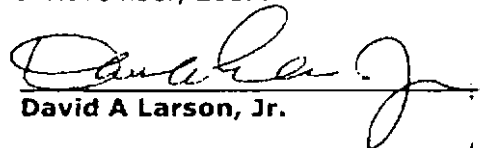
**ARTICLE III  
REGISTERED OFFICE AND AGENT**

The name of the Registered Agent is **David A. Larson, Jr.** and the Florida street address of the registered agent is **1214 Hampstead Lane, Ormond Beach, FL 32174**.

**ARTICLE IV  
MANAGEMENT**

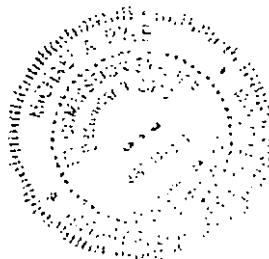
The Company is managed by a Manager. The person initially appointed as Manager is **David A. Larson, Jr.**


**IN WITNESS WHEREOF**, the undersigned Authorized Representative has executed these Articles of Organization on this 6 day of November, 2017.

  
**David A Larson, Jr.**

**STATE OF FLORIDA  
COUNTY OF VOLUSIA**

The foregoing instrument was acknowledged before me this 6 day of November, 2017, by **David A. Larson, Jr.**, who ☐ is personally known to me, or ☐ presented a Florida drivers license or ☒ a New York drivers license or ☐ \_\_\_\_\_, as identification.



  
\_\_\_\_\_  
Notary Public  
**Michael A. Pyle**  
(Printed Name)  
My Commission Expires:

(((H17000292855 3)))

From:


11/06/2017 17:14

#546 P.003/003

(( (H17000292855 3) ))

**ACCEPTANCE OF DESIGNATION**

Having been named Registered Agent to accept service of process for the above stated Limited Liability Company at the place designated in the above Articles of Organization, I hereby accept the appointment as registered agent and 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 provided in Chapter 605, Florida Statutes.



David A. Larson, Jr., Registered Agent

2017 NOV -6 PM 4:40  
FALLS CHURCH, VA

(( (H17000292855 3) ))