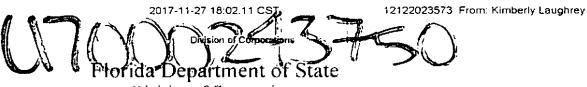
11/27/2017



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.

(((H170003106353)))



H170003106353ABC-

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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (512)418-6949 Fax Number : (954)208-0845

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

Email Address:____

HOV 28 AH 8: 23 HEAU OF CORTENORS FORMATION SERVICES

FLORIDA LIMITED LIABILITY CO.

Hotworx UF, LLC

Certificate of Status	Ü
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

	New Filing Section Division of Corporations		
SUBJEC	HotworxUF,LLC		
SOBJEC.		f Limited Liabil	ity Company
The enclo	sed Articles of Organization and fee(s) are submitted	l for filing.
Please ret	urn all correspondence concerning th	is matter to the	following:
	TonicKnapp		
		Name of	Person
	D&THoldingGroupLLC		
		Firm/Co	mpany
	1639LakeshoreDrive		
		Addr	ess
	Gentilly LA70122		
	tonick@cox.net	City/State an	d Zip Code
	E-mail address: (to be	used for future a	nnual report notification)
For further	information concerning this matter, p	lease call;	
	Tonie Knapp	225 1 (603-5302
	Name of Person	Area Code	Daytime Telephone Number
Enclosed	is a check for the following amount:		
]\$125.00I	FilingFee \$130.00FilingFeed CertificateofStatus	s Lucertifi	00FilingFee& S160.00 Filing Fee, ledCopy CertificateofStatus& CertifiedCopy (additional copy is enclosed)
	MailingAddress 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,FL32301

ARTICLE I - Name: The name of the Limited Lie	ability Company is:			
HotworxUF, LI		7:10: 7		
(Must	contain the words "Limited	Liability Company. "	L.L.C., or "LLC,)	
ARTICLE II - Address: The mailing address and str	eet address of the principal	office of the Limited I	Liability Company is:	
<u>Pri</u>	ncinal Office Address:		Mailing Address:	
3265SW34thstreet		1639	1639Lakeshoredrive	
\$\infty \$\infty \text{\$\infty \text{\$\				
suite4				
suite4 Gainesville, FL	32608		Orleans, 1,A70122	
suite4 Gainesville, FL ARTICLE III - Registeres	32608 J Agent, Registered Office, pany cannot serve as its own an active Florida registration	& Registered Agent Registered Agent. Y		
suite4 Gainesville, FL: ARTICLE III - Registerer (The Limited Liability Com another business entity with	Agent, Registered Office, pany cannot serve as its own an active Florida registration	& Registered Agent Registered Agent. Y on.) d agent are:	's Signature:	
suite4 Gainesville, FL: ARTICLE III - Registerer (The Limited Liability Com another business entity with	32608 J Agent, Registered Office, pany cannot serve as its own an active Florida registration	& Registered Agent Registered Agent. Y on.) d agent are:	's Signature:	
suite4 Gainesville, FL: ARTICLE III - Registerer (The Limited Liability Com another business entity with	Agent, Registered Office, pany cannot serve as its own an active Florida registration	. & Registered Agent n Registered Agent. Y on.) d agent are: stem Name	's Signature:	
suite4 Gainesville, FL: ARTICLE III - Registerer (The Limited Liability Com another business entity with	Agent, Registered Office, pany cannot serve as its own an active Florida registration rect address of the registere CTCorporationSystem 1200 SouthPineIsl	. & Registered Agent n Registered Agent. Y on.) d agent are: stem Name	's Signature: ou must designate an individual or	
suite4 Gainesville, FL: ARTICLE III - Registerer (The Limited Liability Com another business entity with	Agent, Registered Office, pany cannot serve as its own an active Florida registration rect address of the registere CTCorporationSystem 1200 SouthPineIsl	a Registered Agent A Registered Agent. Y On.) d agent are: stem Name	's Signature: ou must designate an individual or	

t the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. Ifurther 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..

By: Kimberly Laughrey -Asst Secretary C TCorporationSystem Registered Agent's Signature (REQUIRED)

(CONTINUED)

ADTICLED

Title:	Name and Address:
"AMBR" =Authorized Member	
"MGR" = Manager	D&THolding Group, LLC
AMBR	1639LakeshoreDrive
	Gentilly, LA70122
AMBR	Dennis Caruso
	1639LakeshoreDrive
	NewOrleans, LA70122
	· · · · · · · · · · · · · · · · · · ·
	
(Use attachment if necessary)	
CLEV. Litharing data if other than the de	nte of filing: (OPTIONAL)
-flev: Encovedate, it offer that the di-	specific and cannot be more than five business days prior to or 90 days after
te of filing.)	specific and earnor be more clear to e business days prior to or 20 days are
	t meet the applicable statutory filing requirements, this date will not be listed a
cument's effective date on the Departme	
•	
CLEVI: Other provisions, if any.	
· · · · · · · · · · · · · · · · · · ·	

Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (I) (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.

TonicKnapp_inember of D&T Holding Group, LLC Authorized Member of Hotworx UF, LLC Typed or printed name of signee

Filing Fees:

\$125.00 Filing Feefor Articles of Organization and Designation of Registered Agent

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