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(Cit	ty/State/Zip/Phone	#)
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COVER LETTER

YO: Hew Fitting Section Division of Corporations	
SUBJECT: Hart'S Custon	Liability Company
The enclosed Articles of Organization and fer(s) are sub-	omitted for filing.
Please return all correspondence concerning this matter	to the following:
Joshua	M. Hart
Hart's Custon	orm/Company
5825 89m A	Address
hartsthemar	itate and Zip Code Uahan Com uture annual report notification)
For further information concerning this matter, please call	:
Joshva Harta (75	
Enclosed is a check for the following amount:	
☐ Certificate of Status ☐ ☐	\$155.00 Filing Fee & S160.60 Filing Fee, Ce, tificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address	Street Address

New Filing Section
Division of Corporations
P.O. Box 6327
Callahassee, FL 32314

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FO7: FLORIDA LIMITED LIABILITY COMPANY

ARTIFILE I - Name: The name of the I limited Liability Company is:	
Hart's Custom Ti (Must contain the words "Limited Liability Comp	pany, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the Lie	nited Liability Company is:
Principal Office Address:	Mailing Address:
5825.89Th Aue	5825 89Th Aue
finellas Park, Fl 33782	Pinellas Park, FI 33782
ARTICLE III - Registered Agent, Registered Office, & Registered (The Limited Liability Company cannot serve as its own Registered Aganother business entity with an active Florida registration.) The name and the Florida street address of the registered agent are:	Aue OT acceptable) Construction August designate an individual or an in
City State Inving t een named as registered agen, and to accept service of process f lace designated in this certificate. I hereby accept the appointment as reg urther agree to comply with the providions of all success relating to the p in familie with and accept the lagations of my position as registered a Pegistered Agent's S	gistered agent and agree to act in this capacity. I roper and complete performance of my duties, and I

(CONTINUED)

Tigg: "AMBR" = Authorized Membir "MGR" = Menager	Name and Address:	
MGR	Joshva M Hart 5825 89 m Aug Pinellas Park, Fl 33782	
(Use attachment if necessary)		
n effective date is listed, the date must be reco take of filling.)	f filing: (OPTIONAL) ific and cannot be more than five business days prior to or 90 day eet the applicable statutory filing requirements, this date will not be Estate's records.	
accument a cricer, a date or the iseparament of		
CCLE VI: Other provisions, (Fany,		
REQUIRED SIGNATURE:	1 As	
REQUIRED SIGNATURE: Signature of a mem This document is executed that anytalse in	iber on an authorized representative of a member. d in accordance with section 605.0203 (1) (b), Florida Statutes.	10 Jal 3

Filing Fees:

\$1/45.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)