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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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## COVER LETTER

TO: New Filing Section Division of Corporations			
SUBJECT: HBHE Name of Lin	Holdings LLC mited Liability Company		
The enclosed Articles of Organization and fee(s) as	re submitted for filing.		
Please return all correspondence concerning this m	atter to the following:	\%	अस्य स्थल । स्थ
Patrick	Hurley Name of Person		
	Name of Pérson		
1682 Metrop	Olitan Circle	<del></del>	
•			
Tallahassee	City/State and Zip Code  Octrick @ 5 mail. com  ed for future annual report notification)		
	City/State and Zip Code		
Famail address: to be use	d for future annual report notification)		
For further information concerning this matter, plea			
Name of Person	STO 321-7489  Area Code Daytime Telephone Number	**	् अस्य क्रम्ब - स
Enclosed is a check for the following amount:			
\$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & \$160.00 Filing Certified Copy (additional copy is enclosed) Certified Copy (additional copy i	tatus & s enclosed).	÷
Mailing Address 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, FL 32301	SECRETARY OF STALLAHASSEE, FLO	FILED
		5: 0 STATE DRIVE	

अध्यक्ष स्थान । अध

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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The name of the Limited Liability Company is:

MBHE Holdings LLC
(Must contain the words "Limited Liability Company, "L.L.C.," or "LI.C.")

## ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
1682 Metropolitan Ci-	2000
Tallchessee F1 32308	
	·

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:

Name

Name

1682 Metropolitor (:
Florida street address (P.O. Box NOT acceptable)

Tallehessee Fl 32308
City State Zip

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)

THE LINE

WELL WASH IN THE

Title	e:	Name and Address:	
"AN	1BR" = Authorized Member  GR" = Manager  - e M	1682 Metropolita Circh	name rates . W
<u> 4</u>	MBR	Deborch Hurley	
<u> </u>	1MBR_	Sorch Teresa Hoskell some as principal	·
	AMBR	Michelle Eubents	
	AMBR se attachment if necessary)	Koren Beou Lot some as principal	
(If an effecti the date of fi Note: If the	ling.) date inserted in this block doe	t be specific and cannot be more than five business days prior to or 90 days a es not meet the applicable statutory filing requirements, this date will not be listed	
/	nt's effective date on the Depar	rtment of State's records.	STEPS STATE TO G
RI	COUIRED SIGNATURE: <		
	This document is	of a member of an authorized representative of a member. s executed in accordance with section 605.0203 (1) (b), Florida Status any false information submitted in a document to the Department of the degree felony as provided for in s.817.155, F.S.  Typed or printed name of signee	FILE
:	\$125.00 Filing Fee for Article	Filing Fees: es of Organization and Designation of Registered Agent	U

The name and address of each person authorized to manage and control the Limited Liability Company:

ARTICLE IV-

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