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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D O'KEEFE  
MAR 28 2018

**COVER LETTER**

**TO: New Filing Section  
Division of Corporations**

**SUBJECT:** Hollwinn LLC  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Natalie Hollis

Name of Person

Hollwinn LLC

Firm/Company

1205 Pembroke Road

Address

St. Johns, FL 32259

City/State and Zip Code

Hollwinnllc@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Natalie Hollis

520

456-7422

at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &  
Certificate of Status

☐ \$155.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☒ \$160.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is 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

# ARTICLES OF ORGANIZATION OF HOLLWINN, LLC

THE UNDERSIGNED subscribers to these Articles of Organization, each a natural person, competent of contract, hereby associates themselves together to form a Limited Liability Company for profit under the laws of the State of Florida; and further do agree to the following conditions of said corporation.

## ARTICLE I. NAME

The name of the Limited Liability Company is: HOLLWINN, LLC.

## ARTICLE II. ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is: 1205 Pembroke Road, St. Johns, FL 32259.

## ARTICLE III. PURPOSE

The purpose for which this Limited Liability Company is organized is any and all lawful business.

## ARTICLE IV. REGISTERED AGENT

The name and Florida street address of the initial registered agent is:

Natalie Hollis  
1205 Pembroke Road  
St. Johns, FL 32259

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.

Registered Agent Signature: 

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## ARTICLE V. MANAGEMENT AUTHORITY

The name and address of person(s) authorized to manage LLC:

Title: Authorized Member (AMBR)

Natalie Hollis

1205 Pembroke Road

St. Johns, FL 32259

Title: Manager (MGR)

Jeffrey Winn

1205 Pembroke Road

St. Johns, FL 32259

## ARTICLE VI. EFFECTIVE DATE

The effective date for this Limited Liability Company shall be the 15<sup>th</sup> day of March, 2018.

I am the member or authorized representative submitting these Articles of Organization and affirm that facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in Florida Statute §817.155. I understand the requirement to file an annual report between January 1<sup>st</sup> and May 1<sup>st</sup> in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.

Signature of member or an authorized representative: \_\_\_\_\_

*W. J. J.*

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STATE OF FLORIDA  
TALLAHASSEE, FLORIDA