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"SECRETARY OF STATE

## COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: CLAN HUPETC.  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:
Stocie Beck Name of Person
6401 West Tennessee it
Address
Tallahassee +1. 32304_
City/State and Zip Code  Clean + UP 760 Amail Com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Stocio Beckat (450) 296-4964  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \text{Certificate of Status} \text{S155.00 Filing Fee & Certified Copy (additional copy is enclosed)} \ \text{\$160.00 Filing Fee.} \text{Certified Copy (additional copy is enclosed)} \text{\$160.00 Filing Fee.} \text
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 FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:
(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address: Mailing Address:
cup w Temesseest (cb) west Tennesseest.
Tallamssee Fl. 32301 Tallahassee Fl. 32300
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:    State   State   Signature:   Signatur
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)

	Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:  Start of Park  Land of Tennessee Start of the Market See Start of the See Start of the Market See Start of	Tot4	<b>3</b>
			MAY 24 PH I: UI	-
the date Note: 1 the docu	of filing.)	et the applicable statutory filing requirements, this date v	or 90 days	
	This document is executed I am aware that any false in	ber or an authorized representative of a member. I in accordance with section 605.0203 (1) (b). Florida Stanformation submitted in a document to the Department of the Departm	atutes. f State	-

Filing Fees:

Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)