

L18000193479

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

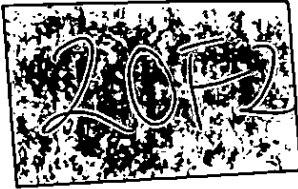
☐ MAIL

(Business Entity Name)

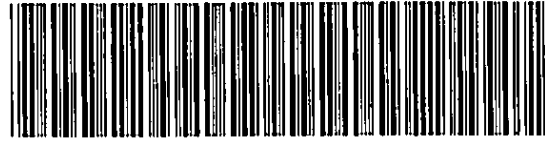
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

* PAGE
AUG 14 2018

RICHARD C. POLLOCK, CPA, PA

CERTIFIED PUBLIC ACCOUNTANT

7797 NORTH UNIVERSITY DRIVE
SUITE 105
TAMARAC, FL 33321
PH: (954)726.2537
FAX: (954)726.0740
Email: rcpcpa@bellsouth.net

August 2, 2018

Amendment Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

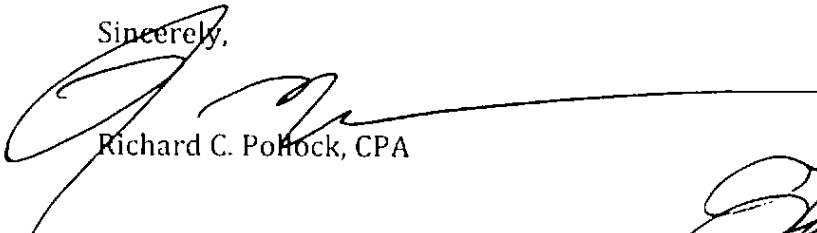
RE: EHP Florida LLC
Document Number: N18000007139

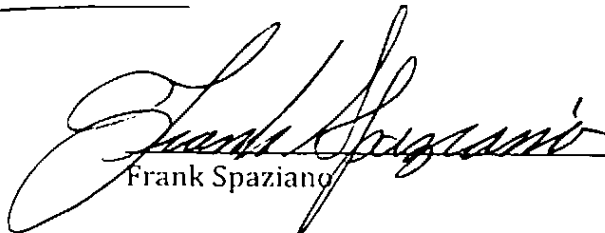
Gentlemen:

Enclosed you will find the Articles of Dissolution for EHP Florida LLC with a check in the amount of \$35 and a new filing of Articles of Organization for EHP Florida LLC with a check in the amount of \$125.00. Frank Spaziano, the President of EHP Florida LLC does not plan to revoke the Dissolution and he releases the name to the new for profit LLC.

Should you have any questions, please contact me at (954)726.2537.

Sincerely,


Richard C. Pollock, CPA


Frank Spaziano

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: EHP FLORIDA 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:

RICHARD POLLOCK

Name of Person

RICHARD C. POLLOCK, CPA, PA

Firm/Company

7797 N. UNIVERSITY DRIVE #105

Address

TAMARAC, FL 33321

City/State and Zip Code

FRANKSPAZIANO@GMAIL.COM

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

For further information concerning this matter, please call:

RICHARD POLLOCK

954

726.2537

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 FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

EHP FLORIDA LLC

(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:

2212 NW 91st STREET
MIAMI, FL 33147

Mailing Address:

2212 NW 91st STREET
MIAMI, FL 33147

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:

ECONOMIC HOUSING PARTNERSHIP INC

Name

2212 NW 91st STREET

Florida street address (P.O. Box **NOT** acceptable)

MIAMI

FL

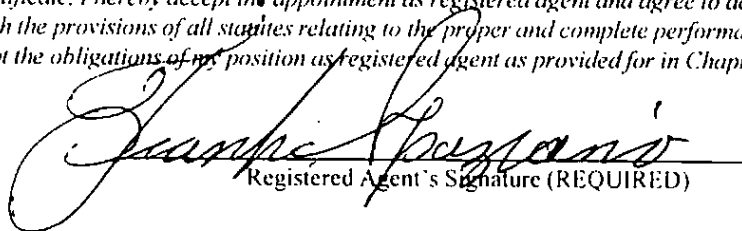
33147

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)

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TALLAHASSEE, FLORIDA

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

ECONOMIC HOUSING PARTNERSHIP INC

2212 NW 91st STREET

MIAMI, FL 33147

(Use attachment if necessary)

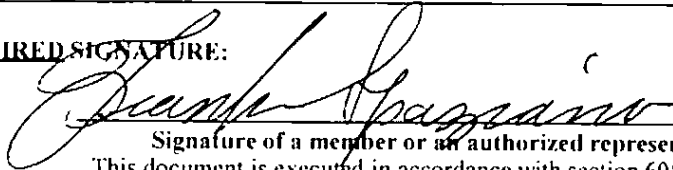
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (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.

FRANK SPAZIANO

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA