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K. PAGE

COVER LETTER

Division of Corporations
SUBJECT: Hot-Bred LLC
SUBJECT: Holf-Bred LLC Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filling.
Please return all correspondence concerning this matter to the following:
HERBERT HOLT Jon Name of Person
Firm/Company
768 Trey Ct. Address
Apapka, FL 32712 City/State and Zip Code herb 4203 Qgma; 1-cem E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
HERBERT HOT To at (352) 598-06-75 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\text{S130.00 Filing Fee & Certificate of Status}\$\$155.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)\$\$160.00 Filing Fee. Certified Copy (additional copy is enclosed)\$\$
Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 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:

Hol+ Brod 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:

Mailing Address:

768 Tray CT

Apopka, FL 32712

Apopka, FL 32712

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:

HERBERT HOLT JR

Name

768 Trey C+

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

Apopke FZ 327/2

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..

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(CONTINUED)

SECRETARY OF STAYE

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

Title:		Name and Address:			
	BR" = Authorized Member				
	R" = Manager	11 aprox HOUT To			
_7721	MBR	HERBERT HOLT Jr 768 Trey C+ Apopka, FL 32712	-		
		HOROKA FL 32712	٠		
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REO	<u>UIRED</u> SIGNATURE:				
		/	-		
	Signature of a member	r or an authorized representative of a member. accordance with section 605,0203 (1) (b). Florida Statu		-	
		raccordance with section 605.0205 (1) (6); Fronda Statutas ormation submitted in a document to the Department of State		3	
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	5.00 Certificate of Status (Optional)		> ^(*)	Š	