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#### **COVER LETTER**

| TO:        | New Filing Section Division of Corporations  |
|------------|--|
| eun ir     | HOLLER & ASSOCIATES, LLC   |
| SUBJEC     | Name of Limited Liability Company  |
| The encl   | osed Articles of Organization and fee(s) are submitted for filing.   |
| Please re  | eturn all correspondence concerning this matter to the following:  |
|            | BARBARA HOLLERAND  |
|            | Name of Person   |
|            |  |
|            | Firm/Company   |
|            | 13430 RAINBOW LANE   |
|            | Address  |
|            | CLERMONT, FL 34711   |
|            | City/State and Zip Code  |
|            | E-mail address: (to be used for future annual report notification)   |
| For furthe | r information concerning this matter, please call:   |
|            | BARBARA HOLLERAND 352 242-9959   |
|            | Name of Person Area Code Daytime Telephone Number  |
| Enclosed   | is a check for the following amount:   |
| \$125.00   | Filing Fee \$\int \text{S130.00 Filing Fee & Certificate of Status}\$\times \text{S155.00 Filing Fee & Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)}\$ |
|            | Mailing Address Street Address   |

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 2664 Executive Center Circle Tallahassee, FL 32301

# ARTICLES OF ORGANIZATION OF HOLLER & ASSOCIATES, LLC

The undersigned, being authorized to execute and file these Articles, hereby certifies that:

#### ARTICLE I Name

The name of the Limited Liability Company is HOLLER & ASSOCIATES, 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:** 

13430 Rainbow Lane Clermont, Florida 34715 13430 Rainbow Lane Clermont, Florida 34715

## ARTICLE III Purpose

The purpose for which this limited liability company is organized is to transact any and all lawful business for which limited liability companies may be organized under the laws of the State of Florida, and to have all powers which are afforded limited liability companies under the laws of the State of Florida.

## ARTICLE IV Duration

The duration of this limited liability company shall be perpetual.

### ARTICLE V Initial Members

The number of members of this limited liability company is one (1).

SECRETARY OF STATE TALLAHASSEE, FLORIDA

## ARTICLE VI Management

This limited liability company will be managed by the following member only: BARBARA HOLLERAND, 13430 Rainbow Lane, Clermont, Florida 34715, MGR

## ARTICLE VII REGISTERED AGENT AND REGISTERED OFFICE

The name and the Florida street address of the initial registered agent are BARBARA HOLLERAND, 13430 Rainbow Lane, Clermont, FL 34715.

## ARTICLE VIII COMMENCEMENT OF EXISTENCE

| This limited liability company shall commence its existence on the day of, 2018.   |
|--|
| IN WITNESS WHEREOF, I have signed these Articles of Organization as an authorized representative of a member and acknowledged them to be my act this   |
| (In accordance with section 605.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the faction stated herein are true. I am aware that any false information submitted in document to the Department of State constitutes a third degree felony as provide for in s. 817.155, F.S.) |
| BARBARA HOLLERAND  |
| STATE OF FLORIDA<br>COUNTY OF LAKE   |
| The foregoing instrument was acknowledged before me on \$\frac{2-17}{2018}\$, by BARBARA HOLLERAND, as Manager of HOLLER & ASSOCIATES, LLC, who produced for identification.   |
| K NOWN  Notary Public - State of Florida   |

## STATEMENT ACCEPTING APPOINTMENT AS REGISTERED AGENT

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.

ARBARA HOLLERAND

Registered Agent

SECKETARY OF STATE