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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

	ew Filing Section ivision of Corporations			
eun le <i>c</i> r	3811 Wisconsin, LLC			
SUBJECT	`:Nam	e of Limited	Liability Company	
The enclos	sed Articles of Organization and t	ee(s) are sub	nitted for filing.	
Please retu	orn all correspondence concerning	g this matter to	o the following:	
			me of Person	
	HnP Product Services LLC			
		Fi	rm/Company	
	3005 W Bay Vista Ave			
			Address	
	Tampa, FL 33611			
	HnPProductServices67@AO	-	tate and Zip Code	
	E-mail address: (to	be used for f	uture annual report no	otification)
For further	information concerning this matte	er, please call	:	
	Hank Bellairs	813 at (417-4626	
	Name of Person	Area C		elephone Number
Enclosed	is a check for the following amou	ınt:		
	Filing Fee S130.00 Filing Certificate of S	Fee &	\$155.00 Filing Fee & Certified Copy Iditional copy is encl	Certificate of Status te
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	s	Street Address New Filing Se Division of C Clifton Buildi 2661 Executi Tallahassee, I	ortion orporations ing ve Center Circle

$ARTICLES\,OF\,ORGANIZATION\,FOR\,FLORIDA\,LIMITED\,LIABILITY\,COMPANY$

3811 Wisconsin. L			
(Must con	tain the words "Limited	Liability Company.	"L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street a	nddress of the principal of	office of the Limited	Liability Company is:
<u>Princip</u>	pal Office Address:		Mailing Address:
3005 W Bay Vista	Ave	3005	5 W Bay Vista Ave
Tampa, FL 33611		Tam	pa, FL 33611
another business entity with an	active Florida registration	on.)	
The name and the Florida street	address of the registere HnP Product Servi	d agent are:	
The name and the Florida street	HnP Product Servi	d agent are: ices LLC Name	- :
The name and the Florida street	HnP Product Servi	d agent are: ices LLC Name Ave	cceptable)
The name and the Florida street	HnP Product Servi	d agent are: ices LLC Name	eceptable) 33611
The name and the Florida street	HnP Product Servi	d agent are: ices LLC Name Ave ss (P.O. Box NOT ac	

(CONTINUED)

<u> Title:</u>	Name and Address:
'AMBR" = Authorized Member	
"MGR" = Manager	
MGR	HnP Product Services LLC
	3005 W Bay Vista Ave
	Tampa, FL 33611
	
(Use attachment if necessary)	
EV: Effective date, if other than the date cective date is listed, the date must be spe	of filing:
EV: Effective date, if other than the date octive date is listed, the date must be sperfilling.) the date inserted in this block does not m	cific and cannot be more than five business days prior to or 90 eet the applicable statutory filing requirements, this date will no
E V: Effective date, if other than the date of the date is listed, the date must be specifiling.) the date inserted in this block does not ment's effective date on the Department of E VI: Other provisions, if any.	cific and cannot be more than five business days prior to or 90 eet the applicable statutory filing requirements, this date will not f State's records.
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as

Filing Fees:

\$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)