118000246268

(Reque	stor's Name)	
(Addre	ss)	_
(Addre	ss)	
(City/S	ate/Zip/Phone /	¥)
PICK-UP	WAIT	MAIL
(Busine	ess Entity Name	e)
(Docun	nent Number)	
Certified Copies	Certificates o	of Status
Special Instructions to Filir	g Officer:	

Office Use Only

OCT 2 3 2018

7. 300.3



100320045991

10/23/18--01009--013 **125.00

18 0CT 23 P科 E: @:

2010 OCT 23 PH 12: 25

FILED

COVERLETTER

TO: New Filing Section Division of Corporations
SUBJECT: Hot Rod Soop 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:
Lewis Todd Barnett
Name of Person
3878 Conga St.
Jacksonville, FL 32217
City/State and Zip Code Hot Rod Soup and, Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
ToddBarnett at (904) 239.8415 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee Certificate of Status S150.00 Filing Fee Certified Copy (additional copy is enclosed) S160.00 Filing Fee, Certified Copy (additional copy is enclosed)
Mailing Address New Filing Section New Filing Section

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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 - Nam	nt	m	11	21		-	1	ŀ.		(_ I	U	U	К.	١.	ŀ
-----------------	----	---	----	----	--	---	---	----	--	------	---	---	----	----	---

The name of the Limited Liability Company is:

(Must contain the words "Limited Liability Company," L.L.C.," or "LL.C.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

975 | Mining Do Unit 2 3878 Conga St.

Tacksonville FL Jacksonville FL
32257 32217

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:

Levis Toda Barne H

Name

3878 Conga St
Florida street address (P.O. Box MOT acceptable)

Jacksonville FL 32217

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 618. F.S..

Registered Agent's Signature (REOURED

(CONTINUED)

2010 OCT 23 PM I2: 29

ARTICLE IVThe name and address of each person authorized to manage and control the Limited Liability Company: Title: "AMBR" = Authorized Member "MGR" = Manager Lawis Toold Barnet MGR 3878 Congast Setsonville FL 32211 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: (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.

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.

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)

REQUIRED SIGNATURE:

\$ 5.00 Certificate of Status (Optional)