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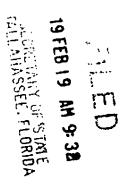
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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N CULLIGAN FEB 2 6 2019

COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: HKS Hogshine 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:	
Ashley Perdue	
Hh'S Hogshine LLC Firm/Company	
4415 West Keysville Rd. Plant City, FC. 3356, Address	7
Plant City, Fl. 38567 City/State and Zip Code	
Perche ashley a yahoo, com E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
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 Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certified Copy (additional copy is enclosed)	ed)
Mailing Address Street Address	

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 1 - Name:

The name of the Limited Liability Company is:	
(Must contain the words "Limited Liability C	ne LLC
(Must contain the words Elimited Liability C	company. E.E.C., or EEC.)
ARTICLE II - Address: The mailing address and street address of the principal office of th	e Limited Liability Company is:
Principal Office Address:	Mailing Address:
4415 W. Keysville Rd Plant City, FC 33567	4415 W. Keysville Rd Plant City, F.C. 33567
ARTICLE III - Registered Agent, Registered Office, & Registered (The Limited Liability Company cannot serve as its own Registere another business entity with an active Florida registration.)	d Agent. You must designate an individual or
The name and the Florida street address of the registered agent are	
Ashley Programme	erdue SSEE &
4415 West Ke	eysville Rd
Florida street address (P.O. Bo	x NOT acceptable)

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..

(CONTINUED)

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	Acil P. L.
AMBR	11615 1 Lange 100
	Plant C. W. IZ. 33567
14400	
AMISI	Loy Perdue
	10. Rox 403
	Durant, FL 33530 FF
	Section 1
	Mc &
	်က္ကို ပိ
(Use attachment if necessary)	
•	date of filing: 2/12/19 (OPTIONAL)
ICLE V: Effective date, if other than the d	C
i effective date is listed, the date must be ate of filing.)	e specific and cannot be more than five business days prior to or 90 days a
	ot meet the applicable statutory filing requirements, this date will not be liste
locument's effective date on the Departme	
•	
ICLE VI: Other provisions, if any.	

REOUIRED SIGNATURE:

ARTICLE IV-

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.

Shley Perdue 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)