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PICK-UP	MAIT	MAIL
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(B	Business Entity Nai	me)
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ertified Copies	Certificate	s of Status
Special Instructions to	o Filing Officer:	

Office Use Only



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2019 HAY -7 AH 10: 26 SECRETARY OF STATE TALLAHASSEE, PLORIDA

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BIVISH YOU COSTORATIONS
FALLAHASSEE FLORIDA

MAY 0 8 2019

x Brumbley

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Lion Holdings Limi	ted LLC		
			
			 Art of Inc. File
			 LTD Partnership File
			 Foreign Corp. File
			 L.C. File
			 Fictitious Name File
			 Trade/Service Mark
			 Merger File
			 Art, of Amend, File
			 RA Resignation
			 Dissolution / Withdrawal
			 Annual Report / Reinstatement
			 Cert. Copy
			 Photo Copy
		[Certificate of Good Standing
			 Certificate of Status
			 Certificate of Fictitious Name
			 Corp Record Search
		Ì	 Officer Search
			 Fictitious Search
Signature			 Fictitious Owner Search
J			 Vehicle Search
	· 		 Driving Record
Requested by: Seth	05/07/19		 UCC or 3 File
Name		Time	 UCC Search
MINO	Date	Titte	 UCC Retrieval
Walk-In Thomasses GA arts	Will Pick Up		 Courier

COVER LETTER

IU: Registration Section Division of Corporations	
<u>-</u>	ings Limited, LC
Name of L	imited Liability Company
The enclosed Articles of Organization and fee(s)	are submitted for filing.
Please return all correspondence concerning this s	natter to the following:
Michael	BUZA
	Name of Person
	Firm/Company
847 20	sto Place
	Address
Vero Be	each FL 32960
	City/State and Zip Code
E-mail address: (to be use	d for future annual report notification)
For further information concerning this matter, plea	se call:
M. Buza ar (561, 282.7071
	Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
\$125.00 Filing Fee	\$155.00 Filing Fee & \$160.00 Filing Fee,
Certificate of Status	Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address New Filing Section	Street Address New Filing Section
Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building

Tallahassee, FL 32314

2661 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:

Must end w	ith the words "Limited Lizbi	Lm.ted	•	
ARTICLE II - Address: The mailing address and street add				
<u>Principal</u>	Office Address:	<u> </u>	Mailing Address:	
Venz Bea	n place eh FL 32960	847 Veno B	20th Place each FL 32960	
ARTICLE III - Registered Agen (The Limited Liability Company of another business entity with an ac The name and the Florida street ac	annot serve as its own Registive Florida registration.)	are:	esignate an individual or	BISMAY -7
	847 20 Florida street address (P.O.	<u>_</u>	FLORIDA FLORIDA	AH 10: 26
	City 5	State Zi		
Having been named as registered ag place designated in this certificate, I further agree to comply with the pro am familiar with and accept the obli	hereby accept the appointment visions of all statutes relating	nt as registered agent and to the proper and comple	l agree to act in this capacity. Te performance of my duties, t	1

(CONTINUED)

Registered Agent's Senature (REQUIRED)

Page 1 of 2

'AMBR" = Authorized Member	Name and Address:
'AMBR" = Authorized Member 'MGR" = Manager	
AMBR	Michael Blea
	1600 Breen FL 32410
	Vens Brack FL 32440
In attachment (Consumer)	
V: Effective date, if other than the date of tive date is listed, the date must be specifiling.)	filing: (OPTIONAL) ic and cannot be more than five business days prior to or 90
tive date is listed, the date must be specifiling.) ne date inserted in this block does not mee ent's effective date on the Department of S	ic and cannot be more than five business days prior to or 90 the applicable statutory filing requirements, this date will not
V: Effective date, if other than the date of tive date is listed, the date must be specifiling.) ne date inserted in this block does not mee ent's effective date on the Department of S	ic and cannot be more than five business days prior to or 90 the applicable statutory filing requirements, this date will not
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V: Effective date, if other than the date of tive date is listed, the date must be specifiling.) ne date inserted in this block does not mee ent's effective date on the Department of St. VI: Other provisions, if any. EOURED SIGNATURE: Signature of a member This document is executed I am aware that any false in constitutes a third degree fe	er or an authorized representative of a member. in accordance with section 605.0203 (1) (b), Florida Statutes. Florida Statutes of a provided for in s.817.155, F.S.
V: Effective date, if other than the date of tive date is listed, the date must be specifiling.) ne date inserted in this block does not mee ent's effective date on the Department of St. VI: Other provisions, if any. EOURED SIGNATURE: Signature of a member This document is executed I am aware that any false in constitutes a third degree fe	er or an authorized representative of a member. in accordance with section 605.0203 (1) (b), Florida Statutes. Formation submitted in a document to the Department of State.

Page 2 of 2