# L19000131665

(Re	questor's Name)	
hbA)	dress)	
(Address)		
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PICK-UP	WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	_ Certificates of	Status
Special Instructions to Filing Officer:		
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## COVER LETTER

TO: New Filing Section Division of Corporations		
SUBJECT: HZO Investment 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:		
HANY SALIB Name of Person		
10/10 Thatia		
1842 Justice civ		
Gulf Breeze-F1 32563		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Han's Salib at 848 3910341  Name of Person Area Code Daytime Telephone Number		
Enclosed is a check for the following amount:		
S125.00 Filing Fee S130.00 Filing Fee & S155.00 Filing Fee & Certificate of Status & Certificate of St		
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 I - Name:

The name of the Limited Liability Company is:

Hon & Dee Investment LLC

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

#### ARTICLE II - Address:

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

Principal Office Address:

1842 Justice Civ 1842 Justice Civ

(Julf Breez-Fl 32563 Gulf Breeze-Fl32563

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:

Name

842 Tustice cix

Florida street address (P.O. Box NOT acceptable)

Culf Breeze. FL 32563

City State Zip

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.

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Registered Agent's Signature (REQUIRED)

(CONTINUED)

Title:

"AMBR" = Authorized Member

"MGR" = Manager

HANY SALTB

1842 JUST Ce CAY

SOLF Breez - FL 3 25 63

(Use attachment if necessary)

ARTICLE V: 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.

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.

Typed or printed name of signce

# 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)

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