

**L19000 164 283**

Florida Department of State  
Division of Corporations  
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**FLORIDA LIMITED LIABILITY CO.  
HAGLIGA TIMBRA LLC**

Certificate of Status	0
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Page Count	03
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**ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED  
LIABILITY COMPANY****ARTICLE I: NAME**

The name of the Limited Liability Company is:

Hagliga Timbra LLC

**ARTICLE II: ADDRESS**

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

837 Sunny Stroll Dr  
Middleburg, FL 32068**ARTICLE III: REGISTERED AGENT, REGISTERED OFFICE & REGISTERED  
AGENT SIGNATURE**

The name and the Florida street address of the registered agent are:

Joseph White  
837 Sunny Stroll Dr  
Middleburg, FL 32068

Having been named as registered agent 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.

X / s / Joseph j white

Joseph White

/ Registered Agent's Signature

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ARTICLE IV: The name and address of each person authorized to manage and control the Limited Liability Company.

AMBR = AUTHORIZED MEMBER MGR = MANAGER

Authorized Member: Joseph White

837 Sunny Stroll Dr

Middleburg, FL 32068

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HAGLIGA TIMBRA LLC

ARTICLE V: ANY OTHER PROVISION OR PURPOSE OF THE LIMITED LIABILITY COMPANY

X /s/ Joseph j white

Joseph White

Signature of a member or an authorized representative of a member

(In accordance with section 605.0203 (1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

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