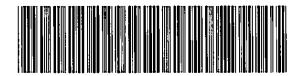
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(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer		

Office Use Only



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COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: FHD III 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:
Alex Person
Firm/Company
3789 Minnow Cleck Dr Address
Tallahass Ve, Fl 32312 City/State and Zip Code FHD. fayovs O gmail. Lom E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Alex letrick at (350) 294 4631 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□\$125.00 Filing Fee
Mailing Address New Filing Section New Filing Section Division

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Enfined Elability Company is:	
FHD 116	
(Must conatin the words "Limited Liability Company, "L.L.C.," or "LLC.")	

ARTICLE II - Address:

ARTICLE I - Name:

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

Principal Office Address:	Mailing Address:
2789 MIDDAY LUCK OC	2784 minnow brick DI
Tarahassel, FI	Tallaharaile =1
727/2	323/2

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:

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

Tallahassel Fi 32312

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..

Registered Agent's Signature (REQUIRED

(CONTINUED)

19 BEC 26 PH 1: 13

ARTICLE IV-

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

Title: "AMBR" = Authorized Member	"AMBR" = Authorized Member	
"MGR" = Manager AMBR	Avex Petrick &	289 Minnow/ Ceech (1144 a5524 Fl
(Use attachment if necessary)		
ate of filing.)	te of filing: 17/1/2019 pecific and cannot be more than five busin meet the applicable statutory filing require at of State's records.	
REQUIRED SIGNATURE:	Aill lehich	/
This document is exec I am aware that any fa	nember or an authorized representative of uted in accordance with section 605.0203 (se information submitted in a document to tree felony as provided for in s.817.155, F.S.	l) (b), Florida Statutes. he Department of State
Ala	Typed or printed name of signee	
_ -, _ , ,	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)

19 BEC 25 FH 1: 13

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