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SECRETARY OF STATI

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CAPITAL CONNECTION, INC.

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

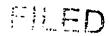
Hardie Boys Future, I	LC		
			Art of Inc. File
			LTD Partnership File
			Foreign Corp. File
		ļ	L.C. File
			Fictitious Name File
			Trade/Service Mark
			Merger File
			Art, of Amend, File
			RA Resignation
			Dissolution / Withdrawal
			Annual Report / Reinstatement
			Cert. Copy
			Photo Copy
			Certificate of Good Standing
			Certificate of Status
			Certificate of Fictitious Name
			Corp Record Search
			Officer Search
			Fictitious Search
0.			Fictitious Owner Search
Signature			Vehicle Search
	. 		Driving Record
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	_ 07/30/20		UCC 11 Search
Name	Date	Time	UCC 11 Retrieval
Walk-In	Will Pick Up		Courier

COVER LETTER

TO: New Filing Sec Division of Cor			
CUDIFOT.	Hardie Bo	oys Future, LLC	
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of	Organization and fee(s) are	submitted for filing.	
Please return all correspo	ondence concerning this mat	ter to the following:	
		David Guzman	
		Name of Person	
	• • • • • • • • • • • • • • • • • • • •	Firm/Company	
	3	400 NW 25th Avenue	
		Address	
	Pomp	ano Beach, Florida 33069	
		ty/State and Zip Code an@hardieboysinc.com	
	·	for future annual report notificati	ion)
For further information co	oncerning this matter, please	call:	
	()	
Nan		ea Code Daytime Telephon	
Enclosed is a check for	the following amount:		
■\$125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Maili	ng Address	Street Address	

New Filing Section
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 2020 JUL 30 AM 9: 07

ARTICLE I - Name: The name of the Limited Liability	Company is:			SECRETARY OF STATE TALLAHASSEE, FL
		s Future, LLC		
(Must contai	n the words "Limited L	iability Compan	y, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street add	dress of the principal of	fice of the Limit	ed Liability Company is:	
<u>Principal</u>	Office Address:		Mailing Ac	<u>ldress</u> :
3400 NW 25th Avenu	e	3.	100 NW 25th Avenue	
Pompano Beach, Flori		<u>P</u>	ompano Beach, Florida 3	3069
The name and the Florida street at	Dav	id Guzman Name W 25th Avenue		
	Pompano Beach	Florida	33069	_
	City	State	Zip	
Having been named as registered a place designated in this certificate, further agree to comply with the pro am familiar with and accept the obl	I hereby accept the apportisions of all statutes religations of my position of my position of Docusian	ointment as regis elating to the pro as registered ago od by: Gwymaw	tered agent and agree to t per and complete perforn	act in this capacity. I nance of my duties, and I

(CONTINUED)

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	Name and Address:
"AMBR" = Authorized Member	ı
"MGR" = Manager	
AMBR	David Guzman 3400 NW 25th Avenue
	Pompano Beach, Florida 33069
	1 Only and David Market Say
AMBR	Lionel E. Guzman
13311331	3400 NW 25th Avenue
	Pompano Beach, Florida 33069
	ممار *** - بر
	(y) (f)
	<u>čin</u>
	17.1
(Use attachment if necessary) LE V: Effective date, if other the factive date is listed, the date in	in the date of filing:
LE V: Effective date, if other the fective date is listed, the date is	does not meet the applicable statutory filing requirements, this date will not
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LE V: Effective date, if other that fective date is listed, the date in of filing.) If the date inserted in this block ament's effective date on the Discussions, if any. REQUIRED SIGNATURE: Signature this document am aware the	Docusigned by: David Guyman Tre of a member or an authorized representative of a member.
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LE V: Effective date, if other that fective date is listed, the date in of filing.) If the date inserted in this block ament's effective date on the District Country of the date on the District Country of the provisions, if any. REQUIRED SIGNATURE: Signate This document I am aware the	Docusigned by: David Guyman Tre of a member or an authorized representative of a member. It is executed in accordance with section 605.0203 (1) (b), Florida Statutes. at any false information submitted in a document to the Department of State hird degree felony as provided for in s.817.155, F.S.