

L20000372536

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)



PICK-UP



WAIT



MAIL

(Business Entity Name)

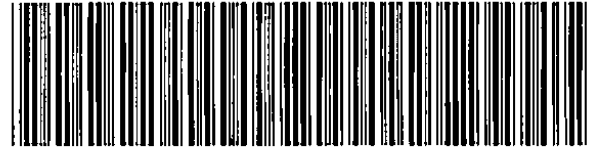
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

2:00 Pick up  
Please

Office Use Only



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2020 DEC -7 AM 10:16  
SECRETARY OF STATE  
TALLAHASSEE, FL  
2020 DEC -7 AM 10:13

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: REAL Hippiez 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:

Oliver K. Walker SR  
Name of Person

REAL Hippiez LLC  
Firm/Company

2074 Midyette Rd #216  
Address

Tallahassee, FL 32301  
City/State and Zip Code

owalk34@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Oliver K. Walker SR at (850) 264-8072  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

~~\$125.00~~ OKW  
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)

Mailing Address

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street Address

New Filing Section Division  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

## ARTICLE I - Name:

The name of the Limited Liability Company is:

REAL Hippiez LLC

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

2020 DEC -7 AM 10: 14  
SECRETARY OF STATE  
TALLAHASSEE, FL

## ARTICLE II - Address:

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

Principal Office Address:2074 Midyette Rd #216  
Tallahassee, FL 32301Mailing Address:2074 Midyette Rd #216  
Tallahassee, FL 32301

## ARTICLE III - Registered Agent, Registered Office, &amp; 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:

Oliver K. Walker SR  
Name2074 Midyette Rd #216  
Florida street address (P.O. Box **NOT** acceptable)Tallahassee, FL 32301  
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..

Oliver K. Walker SR  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

CEO/AMBR

Name and Address:

Oliver K. Walker SR  
2074 Midyette RD #216  
Tallahassee, FL 32301

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

(Use attachment if necessary)

SECRETARY OF STATE  
TALLAHASSEE, FL

2020 DEC -7 AM 10:14

ARTICLE V: Effective date, if other than the date of filing: \_\_\_\_\_. (OPTIONAL)

(If an 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.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

REQUIRED SIGNATURE:

Oliver K. Walker SR

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.

Oliver K. Walker SR

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)