## C7100000970

Office Use Only

.1 FASON JAN 05 2021



000357175450

01/05/21--01002--002 (\*\*156.5)

CIES JAN -4 PH 4: 08

Fr TALLAGO EN EN ESTRON

2021 JAN -4 PH 1:

-**'** 

## COYER LETTER

	New Filing Sec Division of Cor			
SUBJEC	т: <u>Не</u> с	it Hookahs Name of Lim	LLC nited Liability Company	
The enclo	osed Articles of	Organization and fee(s) are	e submitted for filing.	
Please re	turn all correspo	ondence concerning this ma	tter to the following:	
	Jam	al Hardeman	Name of Person	
	***************************************	Heat the	OKahs UC Firm/Company	
		3904 Reserve	Address Apt 233	2
	-Tallahus	xe, FL 3	2311 ity/State and Zip Code Grass Corn for future annual report notificat	
	<u> </u>	eathoristic @	Grand Corn	ion)
For further		ncerning this matter, please		ion)
	Jamas H	ardeman at (	104 ) <u>607 - 297</u> rea Code Daytime Telephon	Se Number
Enclosed	is a check for th	ne following amount:		
□\$125.0	00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	A\$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 1 - Name: The name of the Limited Liability	Company is:				
	Heat Heat Hinted Lin the words "Limited Li	ookahs	CLE		_
(Must conat	in the words "Limited Li	ability Compai	y, "L.L.C.," or "LLC."	)	
ARTICLE II - Address: The mailing address and street ad-	dress of the principal off	ice of the Limi	ed Liability Company is	s:	
<u>Principa</u>	l Office Address:		Mailing A	Address:	
3919 P	eserie Dr.		1909 Reserve	10c.	_ _
ARTICLE III - Registered Ages (The Limited Liability Company of another business entity with an ac	annot serve as its own R	egistered Agei	gent's Signature: nt. You must designate a	ın individual or	
The name and the Florida street a	ddress of the registered a	gent are:			
	James Her	-beiman	50		
			70	_	
			Tallancessee 1		Apt, 2332
	Tallahassee	FC	323// Xip		
	City	State	Zip		
laving been named as registered ay lace designated in this certificate, i wither agree to comply with the pro m familiar with and accept the obl	gent and to accept service I hereby accept the appoi wisions of all statutes rele igations of my position as	e of process for ntment as regis uting to the pro registered age	the above stated limited tered agent and agree to per and complete perfor	liability company act in this capacion mance of my dutie.	iy. T
		(CONTINUE	))		2

•	•		
Λ	RTICU	$\mathbf{F}$	IV.

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

Title:	Name and Address:	
"AMBR" = Authorized Member		
"MGR" = Manager	T 1 Mushamer	
June Hudemen I	Janal Hordenan 3404 Cesere Dr. Tallahusse Apr. 2332	- E 323V
AM BR	Apri. 2.33.2	
Kanal Preside	Kamal Presser	
AMED	2152 Der Currel Way	<del></del>
711 DE	Majuraise 1 2 703	<del></del>
MG2	Rackwann Lewis	
	Jacksonville Fly 31244	
AA ( Q		
M(al	Dongron Leathers	<del>?</del> 7
	Tallahassee F1 32211	
(Use attachment if necessary)		
ARTICLE V: Effective date, if other than the date	e of filing: (OPTIC	(NAL)
(If an effective date is listed, the date must be sp	occific and cannot be more than five business days pr	
the date of filing.)  Nature If the data inserted in this block does not	most the applicable statutors (Sline source most), this	data will not be listed on
the document's effective date on the Department	meet the applicable statutory filing requirements, this of State's records.	rate will not be fisted as
ARTICLE VI: Other provisions, if any.		
		····
REQUIRED SIGNATURE:		
1//		
Signature of the	ember or an authorized representative of a member	
This document is excert	ned in accordance with section 605.0203 (1) (b), Florig	la Statutes.
I am aware that any fals	te information submitted in a document to the Departme	ent of State
constitutes a tima degre	te information submitted in a document to the Department for the felony as provided for in s.817.155. F.S.  Typed of printed name of signee	021
<u>Vamol</u>	Typed of printed name of signee	<u>.</u>
	Typed of printed name of signee	# <del>-</del>    -
	Filing Fees:	t-
	rganization and Designation of Registered Agent	구 ! - !
\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)	end).	
5 5,00 Certificate of Status (Option	нан	
		·· •