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Florida Department of State

Division of Corporations
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To:

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Fax Number : (850)617-6381

From:

Account Name : FL PATEL LAW PLLC
Account Number : I20170000097
Phone : (727)279-5037
Fax Number : (727)888-1294

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FLORIDA LIMITED LIABILITY CO.

Hyphra, LLC

Certificate of Status	1
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1/11/2021

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COVER LETTER

Friday, January 8, 2021

To: New Filing Section
Division of Corporation

Subject:
HYPHRA, 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:

FL Patel Law PLLC
360 Central Avenue
8th Floor
St. Petersburg, Florida 33701
Fax: 727-888-1294

For further information concerning this matter, please call or e-mail:
Jamie Primeau 727-279-5037 or e-mail at Support@flpatellaw.com

Enclosed is our fax filing coversheet for \$130.00 for Filing Fee & Certificate of Status

FL Patel Law PLLC

2021 JAN 11 PM 4:27
FL PATEL LAW PLLC
1000 CENTRAL AVENUE
SUITE 800
ST. PETERSBURG, FL 33701

**ARTICLES OF ORGANIZATION
FOR
HYPHRA, LLC
A FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I.
Name

The name of the Limited Liability Company is: Hyphra, LLC (the "Company").

ARTICLE II.
Address

The principal office and mailing address of the Company is:

841 Prudential Drive Ste 1200
Jacksonville, FL 32207

FLA. DEPT. OF STATE
REGISTRATION
SECTION 605, F.S.

FILED
2021 JAN 11 PM 1:27

ARTICLE III.
Registered Agent, Registered Office, & Registered Agent's Signature

The name and the Florida Street Address of the Registered Agent are:

FL Patel Law PLLC
360 Central Avenue
Suite 800
Saint Petersburg, FL 33701

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.

Ada Reyes

(sign)

FL Patel Law PLLC

ARTICLE IV.
Authorized Members and Managers

The Name and Address of each person authorized to manage and control the Limited Liability Company:

<u>Title</u>	<u>Name and Address</u>
AMBR = Authorized Member MGR = Manager	
<u>MGR</u>	Justin Quinn 841 Prudential Drive Ste 1200 Jacksonville, FL 32207
<u>MGR</u>	Joseph Rakoski 841 Prudential Drive Ste 1200 Jacksonville, FL 32207

ARTICLE V.

The Effective date shall be the date of filing.



(sign)

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.

2021 JAN 11 PM 4:27
FLORIDA SECRETARY OF STATE

FILED

Justin Quinn
 Authorized Representative/Member