## LZ10000 74447

(Re	equestor's Name)	
(Ad	idress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
	<del></del>	
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	<del></del>
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	





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02/19/21--01012--023 \*\*125.00



## CAPITAL CONNECTION, INC.

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

Handheld Connecting, LLC		
·		
		A a of the File
	<del></del>	Art of Inc. File
		LTD Partnership File
		Foreign Corp. File
		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
<u> </u>	<del></del>	Fictitious Owner Search
Signature		Vehicle Search
		Driving Record
Requested by: SETH		UCC 1 or 3 File
		UCC 11 Search
Name Date	e Time	UCC 11 Retrieval
Walk-In Will	Pick Up	Courier

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability	y Company is:					
Handheld Connecting	2, LLC					
	in the words "Limited Li	ability Company, '	L.L.C.," or "LLC.")		_	
ARTICLE II - Address: The mailing address and street ad	ldress of the principal off	ice of the Limited	Liability Company is:			
<u>Princip</u> :	al Office Address:		Mailing Add	ress:		
110 East Broward Bl		110 I	East Broward Blvd. Suit	e 1700	_	
Fort Lauderdale, FL	33301	Fort	Lauderdale, FL 33301		_	
another business entity with an a  The name and the Florida street a	address of the registered a	agent are:			2021 FEB 19	
	AIA Register	ed Agent Inc Name			FE	پ
					- 5	~ ;
	5647 110th A Florida street address (		contablu)		<b>&gt;&gt;</b>	
			ceptable)	-	43 II : 04	* \ ~
	Royal Palm B	•	33411	•	0:	V EUZ -
	City	State	Zip		1-	
Having been named as registered a place designated in this certificate, further agree to comply with the proam familiar with and accept the obj	I hereby accept the appoi ovisions of all statutes rela	ntment as registere uting to the proper	d agent and agree to act and complete performan	in this capaci ice of my dutie.	ty. I	
	Tina	a Maki red Agent's Signati	<del></del>			
	Register	ed Ment's Signati	ire (REQUIRED)			
		(CONTINUED)				

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
MGR	Kateland Brewster 110 East Broward Blvd, Suite 1700 Fort Lauderdale, FL 33301
	<u></u>
(Use attachment if necessary)	
• •	
CLE V: Effective date, if other than the date effective date is listed, the date must be sp	c of filing:
CLE V: Effective date, if other than the date effective date is listed, the date must be sp te of filing.)  If the date inserted in this block does not r	secific and cannot be more than five business days prior to or 90 days and the applicable statutory filing requirements, this date will not be list
CLE V: Effective date, if other than the date effective date is listed, the date must be sp te of filing.)  If the date inserted in this block does not recument's effective date on the Department CLE VI: Other provisions, if any.	need the applicable statutory filing requirements, this date will not be list of State's records.
CLE V: Effective date, if other than the date effective date is listed, the date must be sp te of filing.)  If the date inserted in this block does not recument's effective date on the Department	need the applicable statutory filing requirements, this date will not be list of State's records.
CLE V: Effective date, if other than the date effective date is listed, the date must be sp te of filing.)  If the date inserted in this block does not recument's effective date on the Department CLE VI: Other provisions, if any.	need the applicable statutory filing requirements, this date will not be list of State's records.
CLE V: Effective date, if other than the date effective date is listed, the date must be sp te of filing.)  If the date inserted in this block does not recument's effective date on the Department CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:	need the applicable statutory filing requirements, this date will not be list of State's records.

Kateland Brewster

Typed or printed name of signee

Filing Fees:

Filing Fees:
\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate (St. 1)

\$ 5.00 Certificate of Status (Optional)