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To:

Division of Corporations
 Fax Number : (850) 617-6381

From:

HOGAN, P.A.

Account Name : MCFARLAND, GOULD, LYONS, SULLIVAN &
 Account Number : I19990000015
 Phone : (727) 461-1111
 Fax Number : (727) 461-6430

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**FLORIDA LIMITED LIABILITY CO.
 HELPING GROUCHES, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

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 CORPORATIONS
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ARTICLES OF ORGANIZATION
FOR FLORIDA LIMITED LIABILITY COMPANY
OF
HELPING GROUCHES, LLC

ARTICLE I: NAME AND MAILING ADDRESS


The name of the Limited Liability Company is **HELPING GROUCHES, LLC**, and its principal office and mailing address is 19804 Sea Rider Way, Lutz, Florida 33559.

**ARTICLE II: REGISTERED AGENT, REGISTERED OFFICE &
REGISTERED AGENT'S SIGNATURE**

The name and the Florida street address of the registered agent are:

Gary W. Lyons, Esquire
311 South Missouri Avenue
Clearwater, Florida 33756

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.


GARY W. LYONS, Registered Agent

ARTICLE III - MANAGEMENT

This Limited Liability Company is to be managed by managers and is, therefore, a manager - managed Company. The initial Managers shall be Adam L. Bohn, 19804 Sea Rider Way, Lutz, Florida 33559 and Michelle C. Bohn, 19804 Sea Rider Way, Lutz, Florida 33559. Either one of the Managers shall be authorized to sign and bind the Company in all Company matters.

Prepared By:
McFarland, Gould, Lyons,
Sullivan & Hogan, P.A.
Gary W. Lyons, Esq.
FBN: 0268186
311 S. Missouri Avenue
Clearwater, FL 33756
(727) 461-1111

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IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization for Florida Limited Liability Company this 26th day of March, 2021.



MICHELLE C. BOHN

Title: Authorized Member & Manager

(In accordance with section 605.0203 (1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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 section 817.155, F.S.)

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OF FLORIDA

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