## LZ1000249436

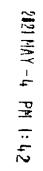
(Requestor's Name)
(Address)
(Address)
, , ,
(City/State/Zip/Phone #)
(expression)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



500365432005

05/04/21--01005--007 \*\*160.00



## COVER LETTER

	lew Filing Se Pivision of Co					
SUBJECT	Hooliganti					
30bine i	·	Name of Lin	nited Liability Company			
The enclos	sed Articles of	f Organization and fee(s) are	e submitted for filing.			
Please retu	ırn all corresp	ondence concerning this ma	itter to the following:			
	Katie Conle	У				
			Name of Person		<del> </del>	<del></del>
	Hooligantin	g LLC				1- AVH 1618
			Firm/Company		**	
	821 Marsail	le Dr. Apt. F				
			Address		- <del>1</del>	- <u>P</u>
	Indialantic,	Florida 32903			الله الله الله الله الله الله الله الله	P# 1: 42
	ktmcon@gma		ity/State and Zip Code			
	<del></del>		for future annual report notificati	ion)		
For further i	nformation co	oncerning this matter, please	call:			
		at (	,			
	Nan	<del></del>	rea Code Daytime Telephon	e Number		
Enclosed is	s a check for t	he following amount:				
□\$125.00	Filing Fee	□\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Certificate Certified C (additional co	of Status opy	s &:
	New F Divisi P.O. B	ng Address Filing Section on of Corporations Box 6327 hassee, FL 32314	Street Address New Filing Section Di The Centre of Tallaha 2415 N. Monroe Stree Tallahassee, FL 3230	ssee et, Suite 810		

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

(Must e	<u>C</u>		
V	contain the words "Limited I	Liability Company, "	L.L.C.," or "LLC.")
ARTICLE II - Address:			
The mailing address and stre	et address of the principal o	office of the Limited I	Liability Company is:
<u>Prir</u>	cipal Office Address:		Mailing Address:
Hooliganting LL:	C	Hooli	ganting LLC
	Ant F	821 M	larsaille Dr. Apt. F
821 Marsaille Dr			
Indialantic, Florida ARTICLE III - Registered The Limited Liability Comp	da 32903  Agent, Registered Office, any cannot serve as its own	Indial & Registered Agent Registered Agent, Y	antic, Florida 32903 's Signature; ou must designate an individual or
Indialantic, Florida ARTICLE III - Registered The Limited Liability Companother business entity with	da 32903  Agent, Registered Office, cany cannot serve as its own an active Florida registration eet address of the registered	Indial & Registered Agent Registered Agent, Y on.)	's Signature:
Indialantic, Florida ARTICLE III - Registered	da 32903  Agent, Registered Office, cany cannot serve as its own an active Florida registratio	Indial & Registered Agent Registered Agent, Y on.)	's Signature:
Indialantic, Florida ARTICLE III - Registered (The Limited Liability Companother business entity with	da 32903  Agent, Registered Office, cany cannot serve as its own an active Florida registration eet address of the registered	Indial & Registered Agent Registered Agent. Y on.) d agent are: Name	's Signature:
Indialantic, Florida ARTICLE III - Registered (The Limited Liability Companother business entity with	da 32903  Agent, Registered Office, sany cannot serve as its own an active Florida registratio eet address of the registered  Katic Conley	Indial & Registered Agent Registered Agent. Y on.) d agent are: Name	's Signature: ou must designate an individual or
Indialantic, Florida ARTICLE III - Registered (The Limited Liability Companother business entity with	Agent, Registered Office, sany cannot serve as its own an active Florida registratio eet address of the registered Katie Conley  821 Marsaille Dr. Ap	Indial & Registered Agent Registered Agent. Y on.) d agent are: Name	's Signature: ou must designate an individual or

ıε ıd I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

(CONTINUED)

## ARTICLE IV-

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

REQUIRED SIGNATURE:  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.  Katic Conley  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)				
Use attachment if necessary)  V: Effective date, if other than the date of filing:  V: Effective date, if other than the date of filing:  V: Effective date, if other than the date of filing:  V: Effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 of filing.)  he date inserted in this block does not meet the applicable statutory filing requirements, this date will not tent's effective date on the Department of State's records.  VI: Other provisions, if any.  REQUIRED SIGNATURE:  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.  Katic Conley  Typed or printed name of signee  Filing Fees:  S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent  \$ 30.00 Certified Copy (Optional)				
Use attachment if necessary)  IV: Effective date, if other than the date of filing: 4 29 2 (OPTIONAL)  Stive date is listed, the date must be specific and cannot be more than five business days prior to or 90 or filing.)  The date inserted in this block does not meet the applicable statutory filing requirements, this date will not lean's effective date on the Department of State's records.  IVI: Other provisions, if any.  REOUIRED SIGNATURE:  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.  Katic Contex  Typed or printed name of signee  Filing Fees:  S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent  \$ 30.00 Certified Copy (Optional)		Vatio Carton		
Use attachment if necessary)  V: Effective date, if other than the date of filing:  Litive date is listed, the date must be specific and cannot be more than five business days prior to or 90 confiling.)  he date inserted in this block does not meet the applicable statutory filing requirements, this date will not be ent's effective date on the Department of State's records.  VI: Other provisions, if any.  LEOUIRED SIGNATURE:  Lightful Companies 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.  Katic Contex  Typed or printed name of signee  Filing Fees:  S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent  \$ 30.00 Certified Copy (Optional)				
EV: Effective date, if other than the date of filing:				
EV: Effective date, if other than the date of filing:				
EV: Effective date, if other than the date of filing:				
EV: Effective date, if other than the date of filing:				
EV: Effective date, if other than the date of filing:	_			_
EV: Effective date, if other than the date of filing:				
EV: Effective date, if other than the date of filing:				
EV: Effective date, if other than the date of filing:				_
EV: Effective date, if other than the date of filing:	<del></del>			
EV: Effective date, if other than the date of filing:				
EV: Effective date, if other than the date of filing:				
EV: Effective date, if other than the date of filing:				
EV: Effective date, if other than the date of filing:	_			
EV: Effective date, if other than the date of filing:				
EV: Effective date, if other than the date of filing:	II 1	,		
REQUIRED SIGNATURE:  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.  Katic Conley  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)	V: Effective date, if other than the date of fil	· · · · · · · · · · · · · · · · · · ·		
SIGNATURE:  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.  Katic Conley  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)	EV: Effective date, if other than the date of fil ctive date is listed, the date must be specific	· · · · · · · · · · · · · · · · · · ·		90 d
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.  Katic Conley  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)	EV: Effective date, if other than the date of fil ctive date is listed, the date must be specific filing.)	and cannot be more than five business days p	orior to or	
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.  Katic Conley  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)	EV: Effective date, if other than the date of fil ctive date is listed, the date must be specific filing.)  he date inserted in this block does not meet t	and cannot be more than five business days p he applicable statutory filing requirements, this	orior to or	
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.  Katic Conlev  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)	CV: Effective date, if other than the date of file of the date is listed, the date must be specific filing.)  the date inserted in this block does not meet the date inserted at the Department of States.	and cannot be more than five business days p he applicable statutory filing requirements, this	orior to or	
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.  Katic Conlev  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)	CV: Effective date, if other than the date of file of the date is listed, the date must be specific filing.)  the date inserted in this block does not meet the date inserted at the Department of States.	and cannot be more than five business days p he applicable statutory filing requirements, this	orior to or	
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.  Katic Conlev  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)	CV: Effective date, if other than the date of file of the date is listed, the date must be specific filing.)  the date inserted in this block does not meet the date inserted at the Department of States.	and cannot be more than five business days p he applicable statutory filing requirements, this	orior to or	
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.  Katic Conlev  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)	EV: Effective date, if other than the date of file ctive date is listed, the date must be specific filing.) the date inserted in this block does not meet the date inserted at the Department of States.	and cannot be more than five business days p he applicable statutory filing requirements, this	orior to or	
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.  Katic Conley  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)	EV: Effective date, if other than the date of fil ctive date is listed, the date must be specific filing.) the date inserted in this block does not meet t	and cannot be more than five business days p he applicable statutory filing requirements, this	orior to or	
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.  Katic Conley  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)	EV: Effective date, if other than the date of filective date is listed, the date must be specific filing.) the date inserted in this block does not meet the date inserted date on the Department of State VI: Other provisions, if any.	and cannot be more than five business days p he applicable statutory filing requirements, this	orior to or	
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.  Katic Conley  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)	EV: Effective date, if other than the date of file of the date is listed, the date must be specific filing.)  the date inserted in this block does not meet the date inserted at the Department of State	and cannot be more than five business days p he applicable statutory filing requirements, this	orior to or	
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.  Katic Conley  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)	EV: Effective date, if other than the date of file tive date is listed, the date must be specific filing.) the date inserted in this block does not meet the date inserted at the Department of State of	and cannot be more than five business days per the applicable statutory filing requirements, this ate's records.	orior to or	
Constitutes a third degree felony as provided for in s.817.155, F.S.  Katic Conley  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)	EV: Effective date, if other than the date of fil ctive date is listed, the date must be specific filling.) the date inserted in this block does not meet the date inserted at the Department of State VI: Other provisions, if any.  REQUIRED SIGNATURE:	and cannot be more than five business days per the applicable statutory filing requirements, this ate's records.  May an authorized representative of a member of a member and authorized representative authorize	orior to or	
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)	EV: Effective date, if other than the date of file tive date is listed, the date must be specific filing.) the date inserted in this block does not meet the date inserted at the Department of State of the Depar	and cannot be more than five business days per the applicable statutory filing requirements, this ate's records.  The applicable statutory filing requirements, this ate's records.  The applicable statutory filing requirements, this ate's records.	orior to or s date will i	not b
Filing Fees:  \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)	EV: Effective date, if other than the date of file tive date is listed, the date must be specific filing.)  the date inserted in this block does not meet the date inserted at the Department of State of the Depa	the applicable statutory filing requirements, this ate's records.  Tor an authorized representative of a member accordance with section 605.0203 (1) (b), Flor rmation submitted in a document to the Department of the Department o	orior to or s date will i	s.
Filing Fees:  \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)	EV: Effective date, if other than the date of file tive date is listed, the date must be specific filing.)  the date inserted in this block does not meet the date inserted at the Department of State of the Depa	the applicable statutory filing requirements, this ate's records.  Tor an authorized representative of a member accordance with section 605.0203 (1) (b), Flor rmation submitted in a document to the Department of the Department o	orior to or s date will i	s.
Filing Fees:  \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)	EV: Effective date, if other than the date of file tive date is listed, the date must be specific filing.)  the date inserted in this block does not meet the date inserted at the date on the Department of State of the date of	r or an authorized representative of a member accordance with section 605.0203 (1) (b), Flor rmation submitted in a document to the Department as provided for in s.817.155, F.S.	orior to or s date will i	s.
\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)	EV: Effective date, if other than the date of file tive date is listed, the date must be specific filing.)  the date inserted in this block does not meet the date inserted at the Department of State of the Depa	r or an authorized representative of a member accordance with section 605.0203 (1) (b), Flor rmation submitted in a document to the Department as provided for in s.817.155, F.S.	orior to or s date will i	s.
\$ 30.00 Certified Copy (Optional)	EV: Effective date, if other than the date of file tive date is listed, the date must be specific filing.)  the date inserted in this block does not meet the date inserted at the Department of State of the Depa	the applicable statutory filing requirements, this ate's records.  Tor an authorized representative of a member accordance with section 605.0203 (1) (b), Flor rmation submitted in a document to the Department as provided for in s.817.155, F.S.	orior to or s date will i	not b
	EV: Effective date, if other than the date of file tive date is listed, the date must be specific filing.) he date inserted in this block does not meet the date inserted at the Department of State VI: Other provisions, if any.  EEOUIRED SIGNATURE:  Signature of a member of the document is executed in 1 am aware that any false inforced constitutes a third degree felor of the date of the d	the applicable statutory filing requirements, this ate's records.  Tor an authorized representative of a member accordance with section 605.0203 (1) (b), Flor remaining submitted in a document to the Department as provided for in s.817.155, F.S.  The ped or printed name of signee  Filing Fees:	orior to or s date will i	s.
	EV: Effective date, if other than the date of file tive date is listed, the date must be specific filing.)  the date inserted in this block does not meet the date inserted at the date on the Department of State of State of the date on the Department of State of the date of	the applicable statutory filing requirements, this ate's records.  Tor an authorized representative of a member accordance with section 605.0203 (1) (b), Flor remaining submitted in a document to the Department as provided for in s.817.155, F.S.  The ped or printed name of signee  Filing Fees:	orior to or s date will i	s. e (12) TAY
	V: Effective date, if other than the date of fil tive date is listed, the date must be specific filing.) ne date inserted in this block does not meet the ent's effective date on the Department of State VI: Other provisions, if any.  EQUIRED SIGNATURE:  Signature of a member of the document is executed in a may aware that any false inforconstitutes a third degree felomore.  Katic Conley  Type  S125.00 Filing Fee for Articles of Organiz	the applicable statutory filing requirements, this ate's records.  Tor an authorized representative of a member accordance with section 605.0203 (1) (b), Flor remaining submitted in a document to the Department as provided for in s.817.155, F.S.  The ped or printed name of signee  Filing Fees:	orior to or s date will i	s. s.e