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CAPITAL CONNECTION, INC.

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

HYD VENTURES LLC					
<u> </u>					
	<u>-</u>				
				Art of Inc. File	
				LTD Partnership File	
		:		Foreign Corp. File	_
				L.C. File	
				Fictitious Name File	_
				Trade/Service Mark	
				Merger File	<u></u>
				Art. of Amend. File	1
				RA Resignation	;; 5
				Dissolution / Withdrawal	÷
				Annual Report / Reinstatement	<u> </u>
				Cert. Copy	
				Photo Copy	
				Certificate of Good Standing	
				Certificate of Status	
				Certificate of Fictitious Name	
				Corp Record Search	-
				Officer Search	
				Fictitious Search	
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				Vehicle Search	
				Driving Record	
Requested by: SETH	06/04/21			UCC or 3 File	
Name	Date	Time		UCC 11 Search	
Walk In	W/OR D! =3, 13			UCC 11 Retrieval	
Walk-In Thom issue GA &rec	Will Pick Up			Courier	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I Name

The name of the Limited Liability Company is:

HYD VENTURES LLC

ARTICLE II Address

The mailing and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

101 Monument Ave Port St. Joe, FL 33456

101 Monument Ave Port St. Joe, FL 33456

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

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

Ira R. Shapiro 16375 NE 18th Avenue, Suite 225 North Miami Beach, FL 33162

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.

Ira R. Shapiré, Registered Agent

ARTICLE IV

The Limited Liability Company is to be managed by one or more managers, and is therefore a manager - managed company.

ARTICLE V Persons Authorized to Measure and Control

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

Titlei

"AMBR" = Authorized Member

"MOR" = Manager

MGR

Name and Address:

Peter A. Izzo 101 Monument Ave Port St. Joe, FL 33456

MGR

Robert W. Pokora 101 Monument Ave Port St. Joe, FL 33456

Robert W. Pokora MGR

(In accordance with Section 605.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalities of perjury that the facts stated herein are true. I are 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.)