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COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: HOUSTIC N	-I Fostule Solutions LLC ame of Limited Liability Company
The enclosed Articles of Organization an	d fee(s) are submitted for filing.
Please return all correspondence concern	ing this matter to the following:
Jenni	ferl. Jakubek
Holistic	Name of Person Life Style Solutions Firm/Company
1925 Su	Falm City Rd Apt 6
Stuar	t, FI 34994
JLJ1925	2002 State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this ma	tter, please call:
Finiter Jaksber Name of Person	Kat (330) 573-3560 Area Code Daytime Telephone Number
Enclosed is a check for the following amo	ount:
□\$125.00 Filing Fee □\$130.00 Fil Certificate of	ing Fee & Status Status Status Certified Copy (additional copy is enclosed) Status Certified Copy (additional copy is enclosed) S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address New Filing Section Division of Corporation P.O. Box 6327 Tallahassee, FL 32314	Street Address New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLE IV-

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

"AMBR" = Authorized Member "MGR" = Manager			
MGR = Manager			
MGR	Jenn Jer L. Jak	1bels	, G
	5/10217, FL 34914		.(1)
	<u> </u>		
			
(Use attachment if necessary)			
TLE V: Effective date if other than the da	ate of filing:, (OPTION	AL)	
effective date is listed, the date must be	specific and cannot be more than five business days prio	r to or 90 da	ıys afte
te of filing.)			
	t meet the applicable statutory filing requirements, this da	te will not be	e listed a
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cument's effective date on the Departmen	• • • • • • • • • • • • • • • • • • • •	te will not be	e listed a
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:
(Must contain the words "Limited Liability Company, "L.L.C.," or "LL.C.")
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address: Jennife Mailing Address: Vakubak
2180 SE OCEAN Blod 1925 SW Palm City Rd Apt B
5TURITIES 39996 STURITE IF CUSTY994
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)
The name and the Florida street address of the registered agent are:
Name 1
rame) la de part
1425 SW Fall. (1410)
Florida street address (P.O. Box NOT acceptable)
Stuart-1-6 2/994
City State Zip
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 l
um familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S
(Acoust of a) (but the last
James a Litable of
Registered Agent's Signature (REQUIRED)
(CONTINUED)
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