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PICK-UP	☐ WAIT ☐ MAIL
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## COVER LETTER

	Filing Section sion of Corporations		
SUBJECT:	Hero Genius Name of I	arap LLC.	
	Name of L	imited Liability Company	
The enclosed	Articles of Organization and fee(s)	are submitted for filing.	
Please return a	all correspondence concerning this	matter to the following:	
_	Stanle	y Thobade Name of Person	
		Name of Person	
	Hero Gen	Firm/Company	
		Firm/Company	
<u>-</u>	1317 Edgewa	ater Dr. # 2331	· · · ·
	l	Address	
	Orlando, Fi	_ 32 労) 4 City/State and Zip Code	
	Harragniasar	City/State and Zip Code	
	E-mail address: (to be use	oup & gmail.com ed for future annual report notificat	ion)
For further info	rmation concerning this matter, plea	ase call:	
	Stan Thabede as	984 , 364-98	le D
	Name of Person	Area Code Daytime Telephon	e Number
Enclosed is a	check for the following amount:		
□\$125.00 Fil	ing Fee S130.00 Filing Fee Certificate of Status	& □\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address	Street Address	
	New Filing Section Division of Corporations	New Filing Section D The Centre of Tallah	
	P.O. Box 6327	2415 N. Monroe Stre	et, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Hero	Geneas Cain the words "Limited	roup LLC	<u> </u>
(Must conta	iin the words "Limited	Liability Company,	"L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street ad	ldress of the principal c	office of the Limited	Liability Company is:
Principa	al Office Address:		Mailing Address:
1317 Edge	unter Dr #25 - 32824	31 13	17 Edgewater Dr # 2331 Flancio FL 32804
	cannot serve as its own		You must designate an individual or
another business entity with an a  The name and the Florida street a	•		
·	iddress of the registered	Lagent are:  Randy Milliken  Name	
·	iddress of the registered	Lagent are:  Randy Milliken Name  317 Edgewater D	) <u>r</u>
·	iddress of the registered	Lagent are:  Randy Milliken Name  317 Edgewater D	) <u>r</u>
·	ddress of the registered	Lagent are:  Randy Milliken Name  317 Edgewater D s (P.O. Box <u>NOT</u> a	eceptable)

(CONTINUED)

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager  AMBR	Stanley Thabede 13.7 Edgewater Dr. # 2331 Drlando FL 32804
(Use attachment if necessary)  F.V: Effective date, if other than the dat	te of filing: (OPTIONAL)
LE V: Effective date, if other than the dat fective date is listed, the date must be spof filing.) If the date inserted in this block does not ment's effective date on the Department.	
LE V: Effective date, if other than the dat fective date is listed, the date must be sport filing.)  If the date inserted in this block does not ument's effective date on the Department LE VI: Other provisions, if any.  REQUIRED SIGNATURE:	meet the applicable statutory filing requirements, this date will not to of State's records.
LE V: Effective date, if other than the dat ffective date is listed, the date must be specifiling.) If the date inserted in this block does not ument's effective date on the Department LE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a magnetic date of the date o	pecific and cannot be more than five business days prior to or 90 meet the applicable statutory filing requirements, this date will not it of State's records.

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

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)