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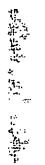
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## **COVER LETTER**

TO: New Filing Section Division of Corporations
FranchiHatz LLC
NUDJEC1.
Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Angel Cordero Name of Person
Name of Person
Firm/Company
9201 Smithies St
Orlando, FL 32827
AC@ AngeLTech Ventures. Com  E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
for further information concerning this matter, please call:
Angel Cordero 917 747-0782
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□\$125.00 Filing Fee Certificate of Status  □\$155.00 Filing Fee Certificate of Status  □\$155.00 Filing Fee Certificate of Status  □\$160.00 Filing Fee, Certificate of Status Cer
Mailing Address Street Address
New Filing Section New Filing Section Division Division of Corporations The Centre of Tallahassee
P.O. Box 6327 2415 N. Monroe Street, Suite 810

Taliahassee, FL 32303

Tallahassee, FL 32314

y Company is:			^	
anchiH	atz	LL	_ C	
in the words "Limited Li	iability Compa	ny, "L.L.C.,"	or "LLC.")	<del></del>
dress of the principal off	fice of the Limi	ted Liability (	Company is:	
l Office Address:			Mailing Address	•
ter DR # 14:	25	1317	Flap wate	or DR #1425
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Ra	ındy Millike	n		
1	Name	· · · ·	<del></del>	
1317	Edgewater I	Or		
Florida street address (	P.O. Box <u><b>NOT</b></u>	acceptable)		
Orlando	FL		32804	
City	State	Z	ip	
ent and to accept service hereby accept the appair	of process for t	he above stat	ed limited liability of	company at the
	an Chimited Lain the words "Limited Lain the words "Limited Lain the words of the principal off the Chimited Lain the Ch	an Chi Hat Z  an the words "Limited Liability Companion the words of the principal office of the Limited Office Address:    Companion the words "Limited Liability Companion the words of the Limited Liability Companion the Limited Liability Compa	anchihatz  Lin the words "Limited Liability Company, "L.L.C.,"  Idress of the principal office of the Limited Liability of Company, "L.L.C.,"  Idress of the principal office of the Limited Liability of Company, "L.L.C.,"  Idress of the principal office of the Limited Liability of Company, "L.L.C.,"  Idress of the Principal office of the Limited Liability of Company, "L.L.C.,"  Idress of the Principal office of the Limited Liability of Company, "L.L.C.,"  Idress of the Principal office of the Limited Liability of Company, "L.L.C.,"  Idress of the Limited Liability Company, "L.L.C.,"  Idress of the Limited Liability Company, "L.L.C.,"  Idress of the Elimited Liability Company, "L.L.C.,"  Idress of the Limited Liability Company, "L.L.C.,"  Idress of the Elimited Liab	anchi Hatz LLC.  din the words "Limited Liability Company, "L.L.C.," or "LLC.")  Idress of the principal office of the Limited Liability Company is:    Office Address:

(CONTINUED)

Randy Millikan
Registered Agent's Signature (REQUIRED)

<u>[itle;</u>  AMBR" = Authorized Member	Name and Address:
$MGR'' = Manager$ $\Delta M O O$	Angel Cordero
77/11 B K	92 (11 Smithies St
	Orlando, FL 32827
AMBR	Angel Cruz
	4612 Country Glen C
	Grovetown, GA 30813
<del></del>	
: Effective date, if other than the ve date is listed, the date must ling.)	be specific and cannot be more than five business days prior to or 90
Y: Effective date, if other than the ve date is listed, the date must lilling.) date inserted in this block does nt's effective date on the Depart	not meet the applicable statutory filing requirements, this date will not
7: Effective date, if other than the ve date is listed, the date must lilling.) date inserted in this block does nt's effective date on the Department Other provisions, if any.	not meet the applicable statutory filing requirements, this date will not ment of State's records.
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V: Effective date, if other than the live date is listed, the date must lilling.) e date inserted in this block does nt's effective date on the Departraction of the Departractio	not meet the applicable statutory filing requirements, this date will not ment of State's records.    O   I   2021     a member or an authorized representative of a member. Recuted in accordance with section 605.0203 (1) (b), Florida Statutes, false information submitted in a document to the Department of State egree felony as provided for in s.817.155, F.S.
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/: Effective date, if other than the ve date is listed, the date must liling.) date inserted in this block does it's effective date on the Departr /1: Other provisions, if any.  OUIRED SIGNATURE:  Signature of This document is end a maware that any constitutes a third defined.	not meet the applicable statutory filing requirements, this date will not ment of State's records.    10/4/2021     a member or an authorized representative of a member. Recuted in accordance with section 605.0203 (1) (b), Florida Statutes, false information submitted in a document to the Department of State egree felony as provided for in s.817.155, F.S.    Ngel Cordero

ARTICLE IV-