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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates of	of Status
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Special Instructions to	Filing Officer:	
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SECRETARY OF STATE

T BURCH

COVER LETTER

TO: New Filing Section Division of Corporations	•			
SUBJECT: Honey Sams F Name of Li	amily Ranch, LLC mited Liability Company			
The enclosed Articles of Organization and fee(s) a	re submitted for filing.			
Please return all correspondence concerning this m	natter to the following:			
Alphonso Sams St				
Name of Person				
	Firm/Company			
This company				
2200 Vatara Place Address				
Brandon, FL 3	33511 City/State and Zip Code			
_Sams7x@an	for future annual report notification)			
For further information concerning this matter, pleas	e call:			
···	813) <u>(024–3724</u> Daytime Telephone Number			
Enclosed is a check for the following amount:	,			
□\$125.00 Filing Fee	☐\$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 New Filing Section	Street Address New Filing Section Division			
Division of Corporations The Centre of Tallahassee P.O. Box 6327 2415 N. Monroe Street, Suite 810				

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:	
Henry Sams Family 72 (Mus Contain the words "Limited Liability Comp	pany, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the Lin	mited Liability Company is:
Principal Office Address:	Mailing Address:
235 W. Brandon Blyd. Brandon, FL 33517	235 W. Brandon Blvd #33 Brandon IR 3351
ARTICLE III - Registered Agent, Registered Office, & Registered (The Limited Liability Company cannot serve as its own Registered Aganother business entity with an active Florida registration.) The name and the Florida street address of the registered agent are:	
Alphonso So Name	
Florida street address (P.O. Box N	OT acceptable)
Branch FL City State	3351) Zip
Lucing hour named as registered agent and to account service of process t	for the above stated limited lighility company at the

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 695, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Title: "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager AMBIZ	Alphoneo Sams St. 2201, Halana Place Blandon JEL 33611	
AMBR	Pobolit Sams 1743 Tarah Thore 1540 Man FL 33515	SECRETARY 19
		AHUL 13 EE. FLORIDA
(Use attachment if necessary)		
ARTICLE V: Effective date, if other than the d (If an effective date is listed, the date must be the date of filing.)	ate of filing:	prior to or 90 days after
ARTICLE VI: Other provisions, if any.		
I his document is exe I am aware that any fa	member or an authorized representative of a memle cuted in accordance with section 605.0203 (1) (b). Flouristic information submitted in a document to the Departure felony as provided for in s.817.155, F.S.	orida Statutes
V-11-1-1	Typed or printed name of signee	_

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)
\$ 5.00 Certificate of Status (Optional)

ARTICLE IV-