

L22000047925

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

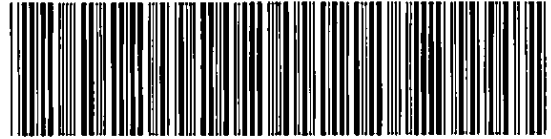
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300380232453

02/09/22--01003--004 \*\*125.00

RECEIVED  
2022 FEB -8 PM 4:24  
TALLAHASSEE, FL 32304  
STATE

FILED  
2022 FEB -8 AM 8:15  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

1/2/22

**CORPORATE  
ACCESS,  
INC.**

*When you need ACCESS to the world*

236 East 6th Avenue, Tallahassee, Florida 32303  
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

**WALK IN**

**PICK UP:** 02/08/2022

- ☐ **CERTIFIED COPY** \_\_\_\_\_
- xx** **PHOTOCOPY** \_\_\_\_\_
- ☐ **CUS** \_\_\_\_\_
- xx** **FILING** LLC \_\_\_\_\_

1. Hildebrandt & Ray Law Firm, PLLC

(CORPORATE NAME AND DOCUMENT #)

2. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

3. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

4. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

5. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

6. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL  
INSTRUCTIONS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**COVER LETTER**

**TO: New Filing Section  
Division of Corporations**

**SUBJECT: HILDEBRANDT & RAY LAW FIRM, PLLC**

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:

Landon Ray

Name of Person

HILDEBRANDT & RAY LAW FIRM, PLLC

Firm/Company

1135 Kane Concourse, 5th Floor

Address

Bay Harbor Islands, FL 33154

City/State and Zip Code

Landon@hrlawteam.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Landon Ray

at ( 954 ) 646-0889

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee

☐ \$130.00 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**

New Filing Section  
Division of Corporations  
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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

HILDEBRANDT & RAY LAW FIRM, PLLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

2022 FEB -8 AM 8:15

ARTICLE II - Address:

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

Principal Office Address:

1135 Kane Concourse, 5th Floor  
Bay Harbor Islands, FL 33154

Mailing Address:

1135 Kane Concourse, 5th Floor  
Bay Harbor Islands, FL 33154

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:

Landon Ray

Name

1135 Kane Concourse, 5th Floor

Florida street address (P.O. Box **NOT** acceptable)

Bay Harbor Islands, FL 33154

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 I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..*

/s/ Landon Ray

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

AMBR

Landon Ray  
1135 Kane Concourse, 5th Floor  
Bay Harbor Islands, FL 33154

AMBR

Jessica Hildebrandt  
1135 Kane Concourse, 5th Floor  
Bay Harbor Islands, FL 33154

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2022 FEB -8 AM 8:15

Practice of law and all lawful business incidental there too

/s/ Landon Ray

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am 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.

Landon Ray

Typed or printed name of signee

**\$ 5.00 Certificate of Status (Optional)**