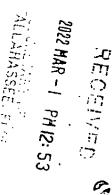
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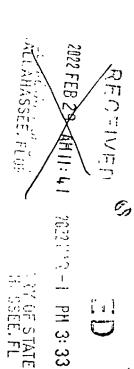
(Re	questor's Name)	
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1 3 n, 3/1/22

1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500 ACCOUNT NO. : I2000000195 REFERENCE : AUTHORIZATION : COST LIMIT : \$ 125.00 ORDER DATE: February 28, 2022 ORDER TIME : 8:11 AM ORDER NO. : 517847-005 CUSTOMER NO: 4814233 DOMESTIC FILING NAME: REYNOLDS HB, LLC EFFECTIVE DATE: \_ ARTICLES OF INCORPORATION \_\_\_ CERTIFICATE OF LIMITED PARTNERSHIP XX \_\_ ARTICLES OF ORGANIZATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

EXAMINER'S INITIALS:

CORPORATION SERVICE COMPANY

CERTIFIED COPY
XX PLAIN STAMPED COPY

\_\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker - EXT.

ARTICIASOR	ORGANIZA HON FOR	FLOCKIDA LIMITED.	DABILI O COMPAN	1	
ARTICLE 1 - Name: The name of the Limited Liabilit	y Company is:				<b>:</b> D
				2022:11:3 -1	PH 3: 33
Revnolds HB, LLC					
	ain the words "Limited	Liability Company,	`L.IC.," or "LLC.")	:i/.s:	OF STATE SEE, FL
ARTICLE II - Address: The mailing address and street ad	ddress of the principal o	ffice of the Limited	Liability Company is:		
<u>Princips</u>	al Office Address:		Mailing Ac	ldress:	
743 Bear Creek Circl		743 <u>L</u>	Bear Creek Circle		
Winter Springs, Flori	da 32708		er Springs, Florida 32	708	
	Sean Reynolds	Name			
	743 Bear Creek Circl	le			
	Florida street addres	s (P.O. Box <u>NOT</u> ac	ceptable)		
	Winter Springs	Florida	32708		
	City	State	Zip		
laving been named as registered a lace designated in this certificate, arther agree to comply with the pr on familiar with and accept the ob	I hereby accept the appovisions of all statutes re ligations of my position	ointment as registere elating to the proper as registered agent a	d agent and agree to a and complete perform	ct in this capacity. ance of my duties, a	I
	/s/ Sean Reynolds	;			
	By:	11 2 2	(DECUMBED)	_	
	Regist	ered Agent's Signati	re (REQUIRED)		
		(CONTINUED)			

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tutory filing requirements, this date will not be list
red representative of a member. In section 605.0203 (1) (b), Florida Statutes, and in a document to the Department of State for in s.817.155, F.S.
n section 605.0203 (1) (b), Florida Statutes. Ed in a document to the Department of State
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The name and address of each person authorized to manage and control the Limited Liability Company:

\$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-