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(Re	questor's Name)	<u> </u>
(Ad	dress)	
(Ad	dress)	· · · · · · · · · · · · · · · · · · ·
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to I		





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2022 MAR -9 PM 2288 MAR -9 AMIII: 1

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Coram Exchange H	loldings, LLC		
<u></u>	_	 	
<u></u>			<u> </u>
			Art of Inc. File
	*** · •		LTD Partnership File
			Foreign Corp. File
			L.C. File
			Fictitious Name File
			Trade/Service Mark
			Merger File
			Art. of Amend. File
			RA Resignation
			Dissolution / Withdrawal
			Annual Report / Reinstatement
			Cert. Copy
			Photo Copy
			Certificate of Good Standing
			Certificate of Status
			Certificate of Fictitious Name
			Corp Record Search
			Officer Search
			Fictitious Search
Signature			Fictitious Owner Search
•			Vehicle Search
	-		Driving Record
Requested by: SETH			UCC 1 or 3 File
Name	Date	Time	UCC 11 Search
Name	Date	THIC	UCC 11 Retrieval
Walk-In		Up	Courier

COVER LETTER

	New Filing Section Division of Corporations				
SUBJEC	Corams Exchange Holdings,	LLC			
		ne of Limite	rd Liabili	ty Company	-
The enclo	sed Articles of Organization and	fee(s) are s	ubmitted	for filing.	
Please ret	urn all correspondence concernin	g this matte	r to the f	ollowing:	
	Brian D. Hess				
			Name of	Person	
			 =		
			Firm/Co	mpany	
	PO Box 9454				
			Addre	188	
	Panama City Beach, Florida 32	417			
	bdh@pcblaw.net	City	State and	l Zip Code	
	E-mail address: (to	be used for	future a	nnual report notificati	on)
or further	information concerning this matte	r, please ca	II:		
	Brian D. Hess	850 at (235-3004	
	Name of Person			Daytime Telephon	
Enclosed i	s a check for the following amoun	ıt;			
■\$125.00	Filing Fee S130,00 Filing Certificate of St	atus	Certifie	.00 Filing Fee & d Copy I 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		7	Street Address New Filing Section Di The Centre of Tallaha [415 N. Monroe Street]	ssee et, Suite 810

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED

A	R T	CT	F	l - Na	mo

The name of the Limited Liability Company is:

2022 HAR -9 AH !!: 18

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

ARTICLE II - Address:

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

Mailing Address:
PO Box 9454
Panama City Beach, FL 32417

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:

Brian D. Hess		
	Name	
9108 Front Beach Road	d	
Florida street address (P.O. Box <u>NOT</u> a	cceptable)
Panama City Beach	FL	32407
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.,

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

Title:	Name and Address:	
"AMBR" = Authorized Member "MGR" = Manager		
AMBR	Brian D. Hess	
	9108 Front Beach Road	
	Panama City Beach, Fl. 32407	
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		£
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	SSE AH	100
Jate of filing.)	be specific and cannot be more than five business days prior to or 90 days s not meet the applicable statutory filing requirements, this date will not be litment of State's records.	
		<u>-</u>
REQUIRED SIGNATURE:	an D. Hes.	-
This document is I am aware that an	of a member or an authorized representative of a member, executed in accordance with section 605,0203 (1) (b), Florida Statutes, by false information submitted in a document to the Department of State degree felony as provided for in s.817,155, F.S.	
Brian D. H	en	
<u> </u>	Typed or printed name of signee	

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)