

L22000515638

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

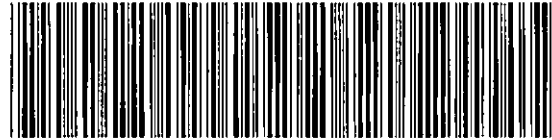
(Business Entity Name)

(Document Number)

Additional Copies _____ Certificates of Status _____

Additional Instructions to Filing Officer:

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S. CHATHAM
DEC - 9 2022

RECEIVED
2022 DEC - 6 PM 3:30
SECRETARY
TALLAHASSEE, FLORIDA

SECRETARY
DIVISION OF CORPORATE
REGISTRATION
TALLAHASSEE, FLORIDA
2022 DEC - 8 PM 3:30

**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: MISTY 12/6

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LLC

1. HYPER GROWTH BUSINESS DEVELOPMENT, LLC

(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:**



Corrected

FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 6, 2022

CORPORATE ACCESS, INC.

SUBJECT: HYPER GROWTH BUSINESS DEVELOPMENT, LLC
Ref. Number: W22000149865

We have received your document for and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document is illegible and not acceptable for imaging. We ask that you type or carefully print the information in the appropriate blocks.

If you have any further questions concerning your document, please call (850) 245-6052.

Summer Chatham
Regulatory Specialist II
New Filing Section

Letter Number: 722A00027049

RECEIVED
2022 DEC -8 AM 11:47
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

HYPER GROWTH BUSINESS DEVELOPMENT, 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:

Principal Office Address:

3323 NE 163RD STREET
SUITE 604
NORTH MIAMI BEACH, FLORIDA 33160

Mailing Address:

3323 NE 163RD STREET
SUITE 604
NORTH MIAMI BEACH, FLORIDA 33160

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:

TAYLOR BARLING

Name

3323 NE 163RD STREET SUITE 604

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

NORTH MIAMI BEACH FLORIDA 33160

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)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
22 DEC -8 PM 2:26

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

TAYLOR BARLING

3323 NE 163RD STREET SUITE 604

NORTH MIAMI BEACH, FLORIDA 33160

SECTION 605.0203
DIVISION OF CORPORATIONS
42 DEC - 8 PM & 20

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

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.

TAYLOR BARLING

Typed or printed name of signer

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)