

L23000031626

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

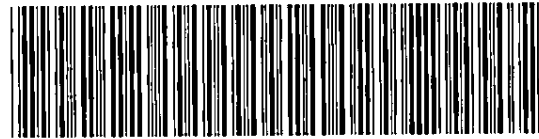
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800399920628

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

23 JAN 24 PM 4:22

FILED

01/25/23--01001--004 **130.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2023 JAN 24 PM 2:26

RECEIVED

COVER LETTER

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

SUBJECT: Haid Fire, LLC

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:

Suzie Stanton

Name of Person

Thomas Howell Ferguson, CPAs PA

Firm/Company

1022 West 23rd Street, Suite 590

Address

Panama City, FL 32405

City/State and Zip Code

sstanton@thf-cpa.com

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

For further information concerning this matter, please call:

Suzie Stanton 850 381-1146

Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input checked="" type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

23 JAN 26 PM 4:22
SECRETARY OF STATE
TALLAHASSEE, FL 32303

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Haid Fire, 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:

Mailing Address:

1419 Harrison Ave

Same

Panama City, FL 32401

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:

Suzie Stanton

Name

1022 West 23rd Street, Suite 590

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

Panama City

FL

32405

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, and 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. Stanton

Registered Agent's Signature (REQUIRED)

(CONTINUED)

23 JAN 26 PM 4:22
SECRETARY OF
TALLAHASSEE

FILED

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

AMBR

John Haid
414 Misty Lane
Lynn Haven, FL 32444

MBR

David Haid
7233 South Lagoon Drive
Panama City Beach, FL 32408

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 01/17/2023. (OPTIONAL) 23 JAN 24, PM 4:22
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 96 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.

Any Lawful Business Purpose

REQUIRED SIGNATURE:

S. Stanton

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.

Suzie Stanton

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)