2/3/23, 11:06 AM

# Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : HUBCO

Account Number : 104662003400 Phone : (516)935-3940 Fax Number : (516)935-3088

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: KRASNICK93@GMAIL.COM

# FLORIDA LIMITED LIABILITY CO.

K & H Outdoor Services LLC

| Certificate of Status | 1        |
|-----------------------|----------|
| Certified Copy        | 0        |
| Page Count            | 03       |
| Estimated Charge      | \$130.00 |

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Help

DocuSign Envelope ID: 2F665F33-59EF-438B-8976-EDE65B978E11

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#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### ARTICLE 1 - Name:

The name of the Limited Liability Company is:

## K & H Outdoor Services LLC

(Must end with 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: | Malling Address:     |   |
|---------------------------|----------------------|---|
| 4092 SE 130th Street      | 4092 SE 130th Street | _ |
| Belleview, FL 34420       | Belleview, FL 34420  | _ |

### 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:

| <u>Hunter Williams</u>         |                           |
|--------------------------------|---------------------------|
| Nar                            | ne                        |
| 4092 SE 130th Street           |                           |
| Florida street address (P.O. B | ox <u>NOT</u> acceptable) |
| Belleview                      | FL 34420                  |
| City                           | 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

Hunter Williams

(CONTINUED)

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| Title:   | Name and Address:  |
|--|--|
| "AMBR" = Authorized Member   | <del></del>  |
| "MGR" = Manager<br>AMBR  | Katelyn Rasnick  |
| AIVIDIX  |  |
|  | 4092 SE 130th Street<br>Belleview, FL 34420  |
|  |  |
| AMBR   | Hunter Williams  |
|  | 4092 SE 130th Street   |
|  | Belleview, FL 34420  |
|  |  |
| <del></del>  |  |
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| (Use attachment if necessary)  |  |
| LE V: Effective date, if other than the daffective date is listed, the date must be see of filing.)  | ate of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90   |
| LE V: Effective date, if other than the date frective date is listed, the date must be   |  |
| LE V: Effective date, if other than the date frective date is listed, the date must be a of filling.)  LE VI: Other provisions, if any.  |  |
| ELE V: Effective date, if other than the date ffective date is listed, the date must be see of filing.)  ELE VI: Other provisions, if any.  REQUIRED SIGNATURE:  | specific and cannot be more than five business days prior to or 90   |
| CLE V: Effective date, if other than the date ffective date is listed, the date must be a of filling.)  CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a rational constitutes an affirmation I am aware that any faise | specific and cannot be more than five business days prior to or 94   |
| CLE V: Effective date, if other than the date ffective date is listed, the date must be a of filling.)  CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a rational constitutes an affirmation I am aware that any faise | nember or an authorized representative of a member. on 605.0203 (1) (b), Florida Statutes, the execution of this document authorized representative of a member or an authorized representative of a member. |

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