	Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.
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	To: Division of Corporations Fax Number : (850)617-6381 From: Account Name : HOMSI LAW, P.A. Account Number : I2019000004 Phone : (407)377-5507 Fax Number : (407)377-5967 **Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.** Email Address: William & Hommi Law.com
2023F 5 Fill 4: 46	FLORIDA LIMITED LIABILITY CO. FOXHOUND INDUSTRIES, LLC Certificate of Status 0 Certified Copy 0 Page Count 02 Estimated Charge S125.00

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ARTICLES OF ORGANIZATION

FOR

FOXHOUND INDUSTRIES, LLC

ARTICLE I

The name of the Limited Liability Company is:

FOXHOUND INDUSTRIES, LLC

ARTICLE II

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

4727 AGUILA PLACE ORLANDO, FLORIDA 32826

The mailing address of the Limited Liability Company is:

4727 AGUILA PLACE ORLANDO, FLORIDA 32826

ARTICLE III

The purpose for which this Limited Liability Company is organized is:

ANY AND ALL LAWFUL BUSINESS PURPOSE.

ARTICLE IV

The Articles of Organization shall be effective immediately when filed with the Secretary of State of Florida.



Mailing Address \$815 Conroy-Windermere Road, #402 Orlando, Florida 32835 (407) 377-5507 www.HomsiLaw.com



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ARTICLE V

The name and Florida street address of the registered agent is:

HOMSI LAW, P.A. 8815 CONROY-WINDERMERE ROAD #402 ORLANDO, FLORIDA 32835

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.

Signature of Registered Agent:

William M. Homsi, President

The Members hereby delegate the management of the LLC to Manager(s). The name and address of persons(s) authorized to manage the LLC:

Operating Manager: DAVICK FELIZ

Address of the Managers and Officers being the same as the Principal Address of the LLC.

Signature of an Authorized Representative:

William M. Homsi, Esq.

I am an authorized representative of the members submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that false information submitted ima document to the Department of State constitutes a third degree felony as provided for is s.817.155, F.S. I understand the requirement to file an annual report between January and May 1st in the calendar year following formation of the LLC and every year thereafter is maintain active status.





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