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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

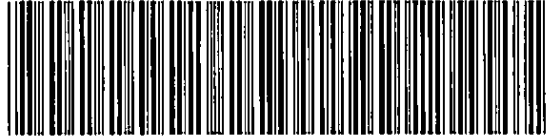
(Business Entity Name)

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Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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**CAPITAL CONNECTION, INC.**

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

Huckleberry Quinn, LLC

Please Debit 120000000257 For: 125

Thank you Seth Neeley



Signature



Requested by: SETH      02/24/23

Name \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Walk-In \_\_\_\_\_ Will Pick Up \_\_\_\_\_

- \_\_\_\_\_ 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 \_\_\_\_\_
- \_\_\_\_\_ Fictitious Owner Search \_\_\_\_\_
- \_\_\_\_\_ Vehicle Search \_\_\_\_\_
- \_\_\_\_\_ Driving Record \_\_\_\_\_
- \_\_\_\_\_ UCC 1 or 3 File \_\_\_\_\_
- \_\_\_\_\_ UCC 11 Search \_\_\_\_\_
- \_\_\_\_\_ UCC 11 Retrieval \_\_\_\_\_
- \_\_\_\_\_ Courier \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION  
OF  
HUCKLEBERRY QUINN, LLC**

Pursuant to Section 605.0201 of the Florida Revised Limited Liability Company Act, the undersigned does hereby make, subscribe, acknowledge and file these Articles of Organization for the purpose of forming a Limited Liability Company under the Laws of the State of Florida.

**ARTICLE I. NAME**

The name of this Limited Liability Company is **Huckleberry Quinn, LLC**.

**ARTICLE II. MAILING AND STREET ADDRESS**

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

**5011 Gate Parkway  
Building 100, Suite 100  
Jacksonville, FL 32256**

**ARTICLE III. EXISTENCE, PURPOSE AND EFFECTIVE DATE**

The Limited Liability Company shall have perpetual existence and shall be authorized to transact any and all lawful business. The Limited Liability Company's existence shall commence on the date and time of filing of these Articles of Organization by the Florida Department of State, as evidenced by the Department of State's date and time endorsement on the original document.

**ARTICLE IV. MANAGEMENT**

The Limited Liability Company shall be managed by one or more Managers appointed by the Members. The name and address of the initial Manager of the Limited Liability Company is as

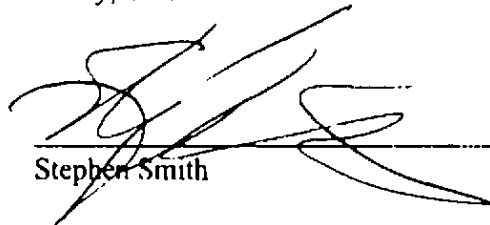
follows:

**Stephen Smith  
5011 Gate Parkway  
Building 100, Suite 100  
Jacksonville, FL 32256**

**ARTICLE V. REGISTERED AGENT AND REGISTERED OFFICE**

The name and address of the initial registered agent of the Limited Liability Company is Stephen Smith, 5011 Gate Parkway, Building 100, Suite 100, Jacksonville, FL 32256.

IN WITNESS WHEREOF, the undersigned, as the authorized representative of the Members of this Limited Liability Company, has executed these Articles of Organization on behalf of the Limited Liability Company this 24<sup>th</sup> day of February, 2023.

  
\_\_\_\_\_  
Stephen Smith

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**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

In pursuance of the provisions of Section 605.0113, Florida Statutes, the Limited Liability Company identified below submits the following statement in designating its Registered Office/Registered Agent in the State of Florida.

1. The name of the Limited Liability Company is **Huckleberry Quinn, LLC**.
2. The name and street address of the Limited Liability Company's registered agent and registered office in the State of Florida is: **Stephen Smith, 5011 Gate Parkway, Building 100 Suite 100, Jacksonville, FL 32256**.

*Having been named as registered agent and to accept service of process for the Limited Liability Company identified, and 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 in Chapter 605 of the Florida Statutes.*

  
\_\_\_\_\_  
Stephen Smith

February 24, 2023

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