

L23000233443

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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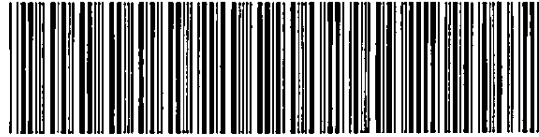
(Business Entity Name)

(Document Number)

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

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S. CHATHAM  
MAY 12 2023

FILED  
2023 MAY 10 AM 8:57  
STATE OF FLORIDA  
TALLAHASSEE

RECEIVED  
2023 MAY 10 PM 3:14  
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TALLAHASSEE

# Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312

(850) 656-4724

DATE 5/10/23

**\*\*WALK IN\*\***

ENTITY NAME HUNTINGTON WHOLESALE, LLC

DOCUMENT NUMBER \_\_\_\_\_

**\*\*PLEASE FILE THE ATTACHED AND RETURN\*\***

X X X

*Plain Copy*

*Certified Copy*

*Certificate of Status*

**\*\*PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY\*\***

*Certified Copy of Arts & Amendments*

*Certified Copy of Arts & Amendments Complete File (Including Annual Reports)*

*Certificate of Status*

*Certificate of Status Reflecting: \_\_\_\_\_*

**\*\*APOSTILLE / NOTARIAL CERTIFICATION\*\***

COUNTRY OF DESTINATION \_\_\_\_\_

NUMBER OF CERTIFICATES REQUESTED \_\_\_\_\_

TOTAL OWED \$ 125.00

ACCOUNT # 120140000108  
United Corporate  
Services, Inc.

*Keith Leppard*

Please call Tina at the above number for any issues or concerns. Thank you so much!

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is: **HUNTINGTON WHOLESALE, LLC**

**ARTICLE II - Address:**

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

10500 Laurel Estates Lane  
Wellington, Florida 33449

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

United Corporate Services, Inc., 3458 Lakeshore Drive, Tallahassee, FL 32312

*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 608, F.S.*



Registered Agent's Signature

2023 MAY 10 AM 8:57  
SECRET

**ARTICLE IV -**

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

How-Paul, LLC  
Manager  
10500 Laurel Estates Lane  
Wellington, Florida 33449

**REQUIRED SIGNATURE**

  
\_\_\_\_\_  
Signature of a member or an authorized representative of a member

This document is executed in accordance with the 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.

\_\_\_\_\_  
Stewart M. McGough

Typed or printed name of signee

2023 MAY 10 AM 8:57  
STEWART M. MCGOUGH  
SECRETARY OF STATE