Note: Please print this page and use it as a cover sheet. Type the fax and it number (shown below) on the top and bottom of all pages of the document.

(((H23000172652 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing to will generate another cover sheet.

To:

Division of Corporations Fax Humber : (050)617-6381

Account Nara : ATESIANO TAX SERVICES Account Number : [28]98889123 Phone : (385)928-1137 Fax Number

: (786)349-4952

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

FLORIDA LIMITED LIABILITY CO.

HRV LLC

Certificate of Smms	0
Certified Copy	0 -
Page Count	0.3
Estimated Charge	\$125.00

Electronic Filing Menu Corporate Filing Menu

Help

2023 HAY 18 PM 2: 34







May 10, 2023

Division of Corporations

ATESIANO TAX SERVICES

SUBJECT: HRV LLC REF: W23000067714

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is \$64797.

If you have any further questions concerning your document, please call (850) 245-6052.

Joel G Pollock
Regulatory Specialist II
New Filing Section

FAX Aud. #: H23000172852 Letter Number: 223A00010627 H 2300017 28523

8523 = Ref W23000067714

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

lg. 20/3

À	RT	rai	r.	ì _	Na	D)#
м	ĸı	I L . L			I V II	1110.

The name of the Limited Liability Company is:

LJHR 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:	<u> </u>
3185 NW 120th WAY	3185 NW 120th WAY
SUNRISE, FL 33323	SUNRISE, FL 33323

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:

JASON VIERA		
	Name	-
3185 NW 120th WA	Υ.Υ	
Florida street addres	s (P.O. Box <u>NOT</u> ac	cceptable)
SUNRISE	FL	33323
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. 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)

(CONTINUED)

SECRETARY OF STATE

€ 5

(H 2300017 28523=) Ref. W2300067714.

Rg 30f3

Title		Name and Address:
"AMBR" = Authorize	d Meinber	
"MGR" = Menager	<i>;</i> :	
MGR		JASON VIERA
	•	3185 NW 120th WAY SUNRISE FL 33323
		50MKISE, FE 33323
MGR	<u> </u>	LYANNE VIERA
		3185 NW 120th WAY SUNRISE, FL 33323
•	•	JOINTSE, 1 II 22383
	·	
•		
•		
	11	
		
•		
(Use attachment if no	cessary)	
		CORTIONAL
LE V: Effective date, i	fother than the dat	e of filing: (OPTIONAL)
	he date must be s	pecific and cannot be more than five business days prior to or 90 day
of filing.)	hia blaak dana nat	meet the applicable statutory filing requirements, this date will not be
r me date inserted in a iment's effective date	us plock does not	t of State's records
HITCH A CHECKING OWE	on me nebaranen	t Of Othic & Lecolus.
LE VI: Other provision	is, If any.	
TRPOSE OF THE LIM	TTED LIABILIT	Y COMPANY IS TO ENGAGE IN ANY LAWFUL ACTIVITY FOR
TED LIABILITY CO	MPANY MAY BI	ORGANIZED IN THIS STATE.
ANALIEDED ALCO	CONTROL -	 1
REQUIRED SIGNA	ATURE:	

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.

JASON VIERA

Typed or printed name of signee

Filing Fees;

\$125.00 Piling Fee for Articles of Organization and Designation of Registered Agent

5 30,00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

1023 MAY 18 PH 2: 19

n

 $\binom{l}{l}$