

L23000256508

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

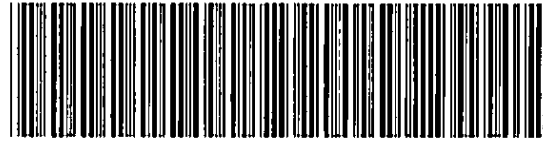
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CAPITAL CONNECTION, INC.

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

HARK Management and Consulting Services, LLC

Please Debit I20000000257 For: 155

Thank you Seth Neeley



Signature

Requested by: SETH

05/23

Name

Date

Time

Walk-In

Will Pick Up

171 Ponder's Printing - Tallahassee, GA 32302

___ 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 _____

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

HARK Management and Consulting Services, 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:

242 Old Bridge Circle

Davenport, Florida 33897

Mailing Address:

242 Old Bridge Circle

Davenport, Florida 33897

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:

Kimberly A. Maier

Name

242 Old Bridge Circle

Florida street address (P.O. Box acceptable)

Davenport

Florida

33897

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 or in Chapter 605, F.S.



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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FILED

ARTICLE IV-

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

li.tki.

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address;

MGR

Richard C. Maier
242 Old Bridge Circle
Davenport, Florida 33897

MGR

Kimberly A. Maier
242 Old Bridge Circle
Davenport, Florida 33897

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(Use attachment if necessary)

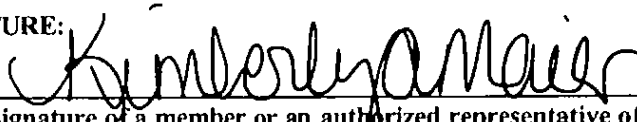
ARTICLE V: Effective date, if other than the date of filing: _____ . (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

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.

Kimberly A Maier

Typed or printed name of signee

Filing Fees:

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

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)