Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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.

(((H23000193980 3)))



H230001939803ABC2

	Note: DO N		ESH/RELOAD button on your browser from thi will generate another cover sheet.	s page.	2023
	To: From:	Account Number Phone	: (850)617-6381 : EXPRESS CORPORATE FILING SERVICE INC.	RETARY OF SIX.	3 HAY 26 PH 4: 51
10	**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.** Email Address:				
10:21 Hd 97	COPPORATION OF A STATE		A LIMITED LIABILITY CO. R GROUND SERVICES LLC		-

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

HIGHER GROUND 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:	Mailing Address:
29740 SW 183 CT	
HOMESTEAD, FL 33030	SAME

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 Plorida street	et address of the registered	i agent are:		202 365 77	
	CHRISTOPHER R.	UZCATEGUI			Ctor
		Name	·	THE THE	
	29740 SW 183 CT			26 26	j -
	Florida street addres	s (P.O. Box <u>NOT</u> a	cceptable)	SSEE	ر و ا
	HOMESTEAD	FL	33030	(A)	;2×ca
	City	State	Zip		- A - MA

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..

/s/ Christopher R. Uzcategui
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Title; "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager <u>AMBR</u>	CHRISTOPHER R. UZCATEGUI	
	29740 SW 183 CT HOMESTEAD, FL 33030	
		
	(n.	2023
		26
	1114	3 *-
(Use attachment if necessary)		્ર મું <i>(</i>
f an effective date is listed, the date must be specifi te date of filing.)	c and cannot be more than five business days prior to or 90 d the applicable statutory filing requirements, this date will not be	•
RTICLE VI: Other provisions, if any.	tate 5 records.	
		
REQUIRED SIGNATURE:		
/af Chr	extopher R. Uzcatague er or an authorized representative of a member.	
This document is executed in I am aware that any false info	er or an authorized representative of a member. n accordance with section 605.0203 (1) (b), Florida Statutes, connation submitted in a document to the Department of State cony as provided for in s.817.155, F.S.	
CHRISTOPHER R. L	JZCA'TEGUI yped 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)