

L23000275747

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

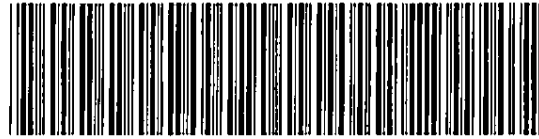
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

AK

CT CORP
(850)656-4724
3458 Lakeshore Drive,
Tallahassee, FL 32312

Date: 06/08/2023

Acc#120160000072

mic DJH

Name:	H-I HARMONY, LLC
Document #:	
Order #:	14974113

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
Certified Copy of	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

Filing: <input checked="" type="checkbox"/>	Certified: <input type="checkbox"/>
	Plain: <input checked="" type="checkbox"/>
	COGS: <input type="checkbox"/>

Email Address for Annual Report Notifications:

Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ **125.00**

Thank you!

CT CORP
(850)656-4724
3458 Lakeshore Drive,
Tallahassee, FL 32312

Date: 06/08/2023

Acc#I2016000072

Eric D. W.

Name:	H-I HARMONY, LLC
Document #:	
Order #:	14974113

Certified Copy of Arts & Amend:	<input type="checkbox"/>	
Plain Copy:	<input type="checkbox"/>	
Certificate of Good Standing:	<input type="checkbox"/>	
Certified Copy of	<input type="checkbox"/>	
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:
		Number of Certs:

Filing: <input checked="" type="checkbox"/>	Certified: <input type="checkbox"/>
	Plain: <input checked="" type="checkbox"/>
	COGS: <input type="checkbox"/>

Email Address for Annual Report Notifications:

Availability _____
 Document _____
 Examiner _____
 Updater _____
 Verifier _____
 W.P. Verifier _____
 Ref# _____

Amount: \$ 125.00

Thank you!

ARTICLES OF ORGANIZATION

H-I HARMONY, LLC,
a Florida limited liability company

ARTICLE I NAME

The business and affairs of the Limited Liability Company shall be conducted under the name of:

H-I HARMONY, LLC

ARTICLE II PRINCIPAL OFFICE AND MAILING ADDRESS

The street address and the mailing address of the principal place of business of the Limited Liability Company shall be:

c/o Becher, Nall, Brydon, Spahn & Company
Attn: Herbert Spahn III
7900 NW 155th Street, Suite 201
Miami Lakes, FL 33016

ARTICLE III INITIAL REGISTERED AGENT/OFFICE

The registered office of the Limited Liability Company and its initial registered agent shall be:

Shumaker, Loop & Kendrick, LLP
Attn: Juan C. Villaveces
240 South Pineapple Avenue, 10th Floor
Sarasota, Florida 34236

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ARTICLE IV
MANAGEMENT AND POWERS

The business and affairs of the Limited Liability Company shall be managed by one or more Managers elected as provided in the Operating Agreement of the Limited Liability Company. The initial Managers shall be as follows:

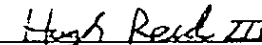
Isaac Reid
c/o Becher, Nall, Brydon, Spahn & Company
Attn: Herbert Spahn III
7900 NW 155th Street, Suite 201
Miami Lakes, FL 33016

Hugh Reid, III
c/o Becher, Nall, Brydon, Spahn & Company
Attn: Herbert Spahn III
7900 NW 155th Street, Suite 201
Miami Lakes, FL 33016

These Articles of Organization have been executed as of the 6th day of June, 2023.



Isaac Reid



Hugh Reid, III

“MANAGERS”

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OF FLORIDA
-D

CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 605.0203 of the Florida Statutes, the undersigned Limited Liability Company submits the following statement to designate a registered office and registered agent in the State of Florida.

1. The name of the Limited Liability Company is:

H-I HARMONY, LLC

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

Shumaker, Loop & Kendrick, LLP
Attn: Juan C. Villaveces
240 South Pineapple Avenue, 10th Floor
Sarasota, Florida 34236

Having been named 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Date: June 6th, 2023

DocuSigned by:
Juan C. Villaveces
By: Juan C. Villaveces
Name: Juan C. Villaveces
Its: Partner

"REGISTERED AGENT"

2023 Jun 09 AM 11:11
STATE
FLORIDA

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