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.

(((H23000223534 3)))



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

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : FL PATEL LAW PLLC

Account Number : I20170000097 Phone : (727)279-5037 Fax Number : (727)888-1294

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

Email Address:_

Support@flpatellaw.com

FLORIDA LIMITED LIABILITY CO. William Hess Projects LLC

Certificate of Status Certified Copy 0 02 Page Count Estimated Charge \$130.00

ARTICLES OF ORGANIZATION

FOR

WILLIAM HESS PROJECTS LLC A FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I. Name

The name of the Limited Liability Company is: William Hess Projects LLC (the "Company").

ARTICLE II. Address

The principal office and mailing address of the Company is:

35 Sabal Dr Punta Gorda, Fl 33950

ARTICLE III.

Registered Agent, Registered Office, & Registered Agent's Signature

The name and the Florida Street Address of the Registered Agent are:

William J Hess 35 Sabal Dr Punta Gorda, FL 33950

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.

William J. Hess
William J Hess (sign)

ARTICLE IV. Authorized Members and Managers

The Name and Address of each person authorized to manage and control the Limited Liability Company:

<u>Title</u>	Name and Address
AMBR = Authorized Member MGR = Manager	
<u>MGR</u>	William J Hess 35 Sabal Dr Punta Gorda, FL 33950

ARTICLE V.

The Effective date shall be the date of filing.

William J. Hess	(sign)
Signature of a member or an authorized represer This document is executed in accordance with section 605.0	
I am aware that any false information submitted in a docume constitutes a third degree felony as provided for	ent to the Department of State
William J Hess	
Authorized Representative/Mc	ember