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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: The Hyperion Group, LLC

The enclosed Articles of Organization and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following:

Marc E. Reese

Name of Person

The Hyperion Group, LLC

Firm/Company

1305 N Bay DR

Address

Lynn Haven, FL 32444-3506

City/State and Zip Code

	E-mail address: (to			report notification)	ALLin	20 23 Jul
Fo	r further information c	oncernin	g this matter, plea	se call:	<u>≥</u> .	20
	Marc E. Reese	at	(808)	462-2605	•	
	Name of Person		Area Code	Daytime Telephone Number	S.	- .

Enclosed is a check for the following amount:

□\$125.00 Filing Fee ★\$130.00 Filing Fee & □\$155.00 Filing Fee & □\$160.00 Filing Fee,

Certificate of Status & Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address

New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

The Hyperion Group, 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:		
1305 N Bay DR	1305 N Bay DR		
Lynn Haven, FL 32444-3506	Lynn Haven, FL 32444-3506		

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:

Marc E. Reese

Name

$1305~\mathrm{N}$ Bay DR

Florida street address (P.O. Box NOT acceptable)

Lynn Haven	FL	32444-3506
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)

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

<u>Title:</u> "AMBR" = At "MGR" = Mat	uthorized Member nager	Name and Address:
AMBR		Marc E. Reese 1305 N Bay DR Lynn Haven, FL 32444-3506
ARTICLE V: Effective date (If an effective date is li days after the date of fili Note: If the date inserte	ing.) ed in this block does not me ment's effective date on the	filing: 1 August 2023. ific and cannot be more than five business days prior to or 90 eet the applicable statutory filing requirements, this date will e Department of State's records.
REQUIRED SIGNATUR	_ (_/	1 2 1
	Signature of a mem This document is executed	nber or an authorized representative of a member of d in accordance with section 605.0203 (1) (b). are that any false information submitted in a ent of State constitutes a third degree felony; as a constitute of the constitutes of the constitute of the constitutes of the constitute of the co