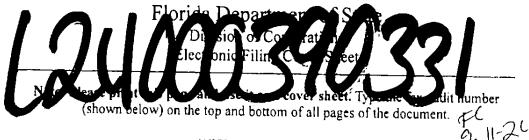
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Division of Corporations



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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : TAX SAVERS Account Number : I20150000107 : (941)625-1925 Fax Number : (941)625-1526

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

Email Address: <u>mkovtunovich@gmail.com</u>

## FLORIDA LIMITED LIABILITY CO.

## Haus Equity LLC

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	HAUS EC	UITY LLC		
(Ми	st contain the words "Limited Lia	bility Company,	"L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and st	reet address of the principal offic	ce of the Limited	Liability Company is:	
<u>P</u> 1	rincipal Office Address:		Mailing Address:	
4651 LIBBY R	!D	465	LIDBYAN	
			1.366 Y KD	
NORTH PORT  ARTICLE III - Registere (The Limited Liability Con another business entity with	d Agent, Registered Office, & Inpany cannot serve as its own Reth an active Florida registration.)	Registered Agent.	LIBBY RD RTH PORT, FL 34287  It's Signature: You must designate an individ	ual or
NORTH PORT  ARTICLE III - Registere (The Limited Liability Con another business entity with	d Agent, Registered Office, & Inpany cannot serve as its own Reth an active Florida registration.)	Registered Agert. Sent are:	RTH PORT. FL 34287  It's Signature: You must designate an individ	ual or 2024 SE
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Registered Agent's Signature (REQUIRED)

(CONTINUED)

"AMBR" = Authorized Member "MGR" = Manager	Name and Address:	
AMBR	MARK KOVTUNOVICH 4651 LIBBY RD NORTH PORT, FL 34287	
AMBR	DAVID KULAKEVICH 2640 ABBOTSFORD ST NORTH PORT, FL 34287	
AMBR	NIKOLAY SYSA 3194 NEWMARK ST NORTH PORT, FL 34291	
-		
(Use attachment if necessary)		
mective date is listed, the date must be specifications.)	pecific and cannot be more than five busines  meet the applicable stanuory filing requirement	s days prior to or 90 d
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