# L1400058994

(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
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. (Do	ocument Number)	
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## **COVER LETTER**

	MMERCIAL LLC. Name of Li	mited Liability Company	· · · · · · · · · · · · · · · · · · ·		
The enclosed Articles	of Organization and fee(s) a	are submitted for filing.			
Please return all corre	spondence concerning this n	natter to the following:			
JAMES \	W. MAGAHA	Name of Person			
		Name of Person			
LAW OF	FICE OF JAMES W. MAC	SAHA			
		Firm/Company			
812 NOF	RTH SPRING STREET				
		Address			
<u>PENSAC</u>	OLA, FL 32501		,	F4. 6	981
	. (	City/State and Zip Code			
heekyoungtau@	Dyahoo.com	ed for future annual report notifica			C ACCUMENT
	E-mail address: (to be use	ed for future annual report notifica	ition)	388 388 488 7	
For further informatio	n concerning this matter, ple	ease call:		温 五	2 17
JAMES W. MAGAH	1 <b>A</b> at (	050 \ 420 6204		(2) · · · · · · · · · · · · · · · · · · ·	- (
	ne of Person	850 ) 438-6224 Area Code Daytime Tc	lephone Number		
Enclosed is a check for	or the following amount:				
☑ \$125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & Certified Copy	□\$160.00 Filing Certificate of S		

· TO:

**Registration Section** 

Mailing Address
Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
HK COMMERCIAL LLC.	
(Must end with the words "Limi	ted Liability Company, "L.L.C.," or "L.L.C.,")
ARTICLE II - Address:	·
The mailing address and street address of the principa	d office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
5417 Sun Valley Drive	5417 Sun Valley Drive
Pensacola, FL 32505	Pensacola, FL 32505
ARTICLE III - Registered Agent, Registered Office (The Limited Liability Company cannot serve as its or	ce, & Registered Agent's Signature: wn Registered Agent. You must designate an individual or
another business entity with an active Florida registra	
The name and the Florida street address of the registe	red agent are:
ROBERT TAU	
	me
5417 Sun Valley Drive	
Florida street address (P.O. I	Box NOT acceptable)
Pensacola	FL 32505
City	Zip
the place designated in this certificate, I hereby accapacity. I further agree to comply with the provisio of my duties, and I am familiar with and accept the CF	t service of process for the above stated limited liability company at cept the appointment as registered agent and agree to act in this ons of all statutes relating to the proper and complete performance obligations of my position as registered agent as provided for in hapter 605, F.S.
Registered Agent's Sig	gnature (REQUIRED)

(CONTINUED)

Page 1 of 2



AMBR" = Authorized Member MGR" = Manager MGR	
MGR	
	ROBERT TAU
•	5417 Sun Valley Drive
	Pensacola, FL 32505
	<u> </u>
Use attachment if necessary)	
filing.)	s: <u>April 4, 2014</u> . (OPTIONAL)  nd cannot be more than five business days prior to or 90
ctive date is listed, the date must be specific ar filing.)  VI: Other provisions, if any.	
ctive date is listed, the date must be specific ar filing.)  VI: Other provisions, if any.	nd cannot be more than five business days prior to or 90
ctive date is listed, the date must be specific ar filing.)  VI: Other provisions, if any.	nd cannot be more than five business days prior to or 90
Signature of a member of (In accordance with section 605.0203 constitutes an affirmation under the pe	r an authorized representative of a member.  (1) (b), Florida Statutes, the execution of this document nalties of perjury that the facts stated herein are true, submitted in a document to the Department of State
Signature of a member of a mewatiutes an affirmation and artitudes a third degree felony as properties.  REQUIRED SIGNATURE:  Signature of a member of	r an authorized representative of a member.  (1) (b), Florida Statutes, the execution of this document nalities of perjury that the facts stated herein are true. submitted in a document to the Department of State ovided for in s.817.155, F.S.)
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Signature of a member of (In accordance with section 605.0203 constitutes an affirmation under the pe I am aware that any false information is constitutes a third degree felony as pro-	r an authorized representative of a member.  (1) (b), Florida Statutes, the execution of this document nalties of perjury that the facts stated herein are true, submitted in a document to the Department of State evided for in s.817.155, F.S.)  If or printed name of signee

ARTICLE IV-