

LO4 0000 90134

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

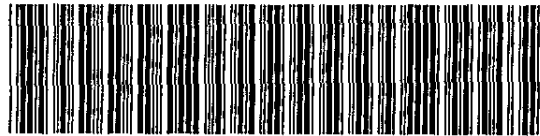
(Business Entity Name)

(Document Number)

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2004-12-07 17:21

U.S. DEPARTMENT OF COMMERCE

LO4-90134
OK

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Hit Depot L.L.C.
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jason Christopher Gilbert
(Name of Person)

The Hit Depot L.L.C.
(Firm/Company)

6361 N. FALLS Circle DR. #202
(Address)

Lauderhill, FL 33319.
(City/State and Zip Code)

For further information concerning this matter, please call:

Leonard Zackheim at (305) 828-7231
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

FILED
2007-7-24 1:21
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

The Hit Depot L.L.C.

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

6361 N Falls Circle Drive
#202.
Lauderhill FL 33319.

Mailing Address:

6361 N. Falls Circle Dr.
#202
Lauderhill FL 33319

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

LEONARD ZACKHEIM
Name
6157 NW 167th St. #F-4
Florida street address (P.O. Box **NOT** acceptable)
MIAMI, Florida 33015
City, State, and 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 608, Florida Statutes..


Registered Agent's Signature

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Jason Christopher Gilbert
6361 N. FALLS Circle Dr. # 202
LAuderhill, FL. 33319

MGRM

Brian Kern Norman Eden
1717 N. Bayshore Dr. # 1139
MIAMI, FL. 33132

MGRM

Paul Doyle Hudson
P.O. Box 10846 APO
GEORGE TOWN, GRAND Cayman

MGRM

Ben Julius Hudson
P.O. Box 10846 APO
GEORGE TOWN GRAND Cayman

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

J. Gilbert
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Jason Christopher Gilbert
Typed or printed name of signee

Filing Fees:

- \$100.00 Filing Fee for Articles of Organization
- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

FILED
2010-07-19 PM 1:21
CLERK OF CIRCUIT COURT
JACKSONVILLE, FLORIDA

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, 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:

_____ The Hit Depot LLC.

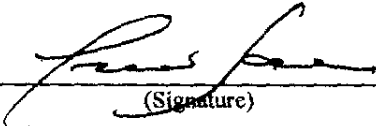
2. The name and the Florida street address of the registered agent and office are:

_____ Leonard Zackheim
(Name)

_____ 6157 N.W. 167th # F-4
Florida street address (P.O. Box **NOT** ACCEPTABLE)

_____ Miami FL 33015
(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 608, F.S.

_____ 
(Signature)

\$ 100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)

FILED
JAN 7 2011
TALLAHASSEE, FLORIDA