

#L13000/55030

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

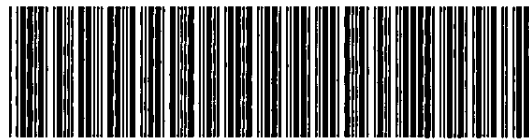
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

CORRECTION TO EFF. DATE PER  
CONVERSATION WITH FOSTER LOVETT  
11/4/2013 KS

Office Use Only



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10/17/13--01027--004 \*\*130.00

K. SALY  
EXAMINER

NOV - 4 2013



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 21, 2013

FOSTER LOVETT  
LOVETT AND COMPANY, CPA PA  
400 E MLK BLVD. #108  
TAMPA, FL 33603

SUBJECT: HIDDEN TREASURE INVESTMENTS, LLC  
Ref. Number: W13000058305

We have received your document for HIDDEN TREASURE INVESTMENTS, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is P06000094831 "HIDDEN TREASURE INVESTMENTS INC.".

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on October 17, 2013. Please amend your document accordingly.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly  
Regulatory Specialist II

Letter Number: 613A00024557

(850) 245-6051.

### COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: HIDDEN TREASURE INVESTMENTS, LLC  
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:

FOSTER LOVETT  
Name of Person

LOVETT AND COMPANY, CPA PA  
Firm/Company

400 E. MLK. BLVD # 108  
Address

TAMPA FL 33603  
City/State and Zip Code

lovettcpa@aol.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

FOSTER LOVETT at (813) 234-3360  
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee ☒ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**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:

HIDDEN TREASURE INVESTMENTS OF TAMPA BAY, LLC  
(Must end with 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:

6216 N. 42ND ST.  
TAMPA, FL 33610

#### Mailing Address:

6216 N. 42ND ST.  
TAMPA, FL 33610

### 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:

FOSTER LOVETT  
Name

400 E. MLK BLVD # 10A  
Florida street address (P.O. Box NOT acceptable)

TAMPA FL 33603  
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, F.S..*

  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

**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

LONNIE ALEXANDER JR.  
6216 N. 42ND ST  
TAMPA, FL 33610

MGRM

RYAN ALEXANDER  
6216 N. 42ND ST.  
TAMPA, FL 33610

MGRM

LONNIE ALEXANDER JR.  
6216 N. 42ND ST.  
TAMPA, FL 33610

MGRM

SHAYEIERE CURTIS  
5121 N. 20TH ST  
TAMPA, FL 33610

(Use attachment if necessary)

**ARTICLE V: Effective date, if other than the date of filing:** 11-4-2013 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**REQUIRED SIGNATURE:**

Lonnie Alexander Jr.  
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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

LONNIE ALEXANDER JR  
Typed or printed name of signee

**Filing Fees:**

\$125.00 Filing Fee for Articles of Organization and Designation  
of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)