

L 14000095125

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

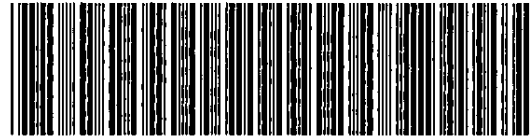
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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W14 32635

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14 JUN 13 PM 4:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Gureh JUN 13 2014

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: H & R MANAGEMENT, 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:

ROSE SMITLEY
Name of Person

H & R MANAGEMENT, LLC
Firm/Company

6950 LAFAYETTE
Address

PINELLAS PARK, FL 33781
City/State and Zip Code

ROSESMITLEY@YAHOO.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ROSE SMITLEY at (727) 631-1474
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 23, 2014

ROSE SMITLEY
6950 LAFAYETTE
PINELLAS PARK, FL 33781

SUBJECT: H & R MANAGEMENT, LLC
Ref. Number: W14000032635

We have received your document for H & R MANAGEMENT, LLC and your check(s) totaling \$155.00. 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.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Tim Burch
Regulatory Specialist II

Letter Number: 214A00011266

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

~~H & R MANAGEMENT, LLC~~ IAWI Management, 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:

Mailing Address:

11225 US HWY 19N
CLEARWATER, FL 33764

6950 LAFAYETTE
PINELLAS PARK, FL 33781

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:

ROSE SMITLEY
Name
6950 LAFAYETTE
Florida street address (P.O. Box NOT acceptable)
PINELLAS PARK FL 33781
City Zip

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TALLAHASSEE, FLORIDA

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.

Rose Smitley
Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

HEATHER LYNN FARRIS

11225 US HWY 19N

CLEARWATER, FL 33764

AMBR

ROSE ELLEN SMITLEY

6950 LAFAYETTE

PINELLAS PARK, FL 33781

AMBR

BRADLY ALAN FENNER

11225 US HWY 19N

CLEARWATER, FL 33764

AMBR

ETHEL JEAN TRUONG

11225 US HWY 19N

CLEARWATER, FL 33764

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TALLAHASSEE, FLORIDA

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(Use attachment if necessary)

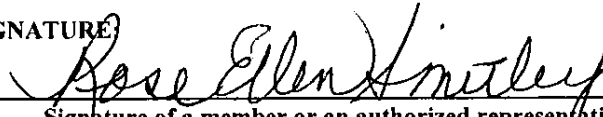
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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.)

ARTICLE VI: Other provisions, if any.

PURPOSE IS TO PROVIDE BUSINESS ANALYSIS, BUSINESS COORDINATION, BUSINESS
EFFICIENCY TO OTHER ORGANIZATIONS

REQUIRED SIGNATURE



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

(In accordance with section 605.0203 (1) (b), 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.)

ROSE ELLEN SMITLEY

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)