## ROGER B. GREEN & ASSOC. P.O. BOX 106 PORT SALERNO, FL. 34992 City/State/Zip Phone #

	Office Use Only	
ORPORATION NAME(S) & DOCUM	MENT NUMBER(S), (if known):	
(Corporation Name)	(Document #) 9000031389 -02/17/00010 ****125.00	1993 171-019 ****125.00
(Corporation Name)	(Document #)	
(Corporation Name)	(Document #)	ar i
. (Corporation Name)	(Document #)	* •±•*:∹
Walk in Pick up time _ Mail out Will wait  NEW FILINGS	Photocopy Certificate of Statu  AMENDMENTS	s
Profit Not for Profit Limited Liability Domestication Other	Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger	
OTHER FILINGS	REGISTRATION/QUALIFICATION	
☐ Annual Report ☐ Fictitious Name	☐ Foreign ☐ Limited Partnership ☐ Reinstatement ☐ Trademark ☐ Other	

Examiner's Initials

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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

**ARTICLE I - Name:** 

**ARTICLE II - Address:** 

The name of the Limited Liability Company is:

FETER R. HORY, LLC.

29 SOUTH DRIVE
29 SOUTH DRIVE HEY LANGO, FLA. 33037
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
The name and the Florida street address of the registered agent are:
1) OGEN S. TREEN
1120 S.E. Burronnos
Florida street address (P.O. Box NOT acceptable)
STUDEN FL 34997
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
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Article IV - Management (Check box if applicable.)
The Limited Liability Company is to be managed by one manager or more managers and is,
therefore, a manager - managed company.
(An additional article must be added if an effective date is requested)
the distribution is requested,
Signature of a member or an authorized representative of a member.
(In accordance with resting 609 409(2) Plentile State 4
(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.)
More III I I I I I I I I I I I I I I I I I
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)