## | Ditable | City/State/Zip | Phoae#

Office Use Only

CORPORATION NAME(S) &	& DOCUMENT	NUMBER(S),	(if known):
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1. <u>H.T.T. /</u>		(Document #)	
·	orporation Name)	(Document #)	0000032726101 -05/31/0001083017 ****160.00_ ****160.00
3(C	orporation Name)	(Document #)	W-13877
4(C	orporation Name)	(Document #)	
Walk in	Pick up time _	<u> </u>	○ Certified Copy
☐ Mail out	Will wait	Photocopy	Certificate of Status
NEW FILINGS		AMENDMENTS	RECEI  ON NAY 31  OF PARTIMENT OF COLUMN TALLAHASSI
Profit Not for Prof E Limited Lia Domesticati Other	bility	<ul> <li>□ Amendment</li> <li>□ Resignation of R</li> <li>□ Change of Regist</li> <li>□ Dissolution/With</li> <li>□ Merger</li> </ul>	A., Officer/Director
OTHER FILIN	<u>GS</u>	REGISTRATION/Q	DUALIFICATION SE SE TO
Annual Rep Fictitious N		Foreign Limited Partners Reinstatement Trademark Other	PN 2:47 STE FLORIDA

**Examiner's Initials** 



## FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

May 31, 2000

KEITH BOATRIGHT WALK-IN/WILL-WAIT

SUBJECT: H.T.T., L.L.C.

Ref. Number: W00000013877

We have received your document for H.T.T., L.L.C. and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A limited liability company and a corporation are different entities. Please use the attached blank form, or correct your document so that it is titled "Articles of Organization" and replace all references to "corporation" in the document.

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) 487-6958.

Lee Rivers Document Specialist

RECEIVED

OO MAY 31 PM 2: 51

DEPARTMENT OF STATES

TALLAHASSEE, FLORIDA

Letter Number: 600A00030686

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:
H.T.T. L.L.C
ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is:
1011 Darrow Ave Live Oak FL 32060
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
The name and the Florida street address of the registered agent are:
Cane J. Boathyla
1011 Octor Au
Florida street address (P.O. Box NOT acceptable)
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
Carrie Q- Bratright
Registered Agent's Signature
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.
Lower L
(An additional article must be added if an effective date is requested)
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.)  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)