## L03000008754

(Requestor's Name)	_
(Address)	
(Address)	_
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	_
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## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

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	-· · · ·
	Art of Inc. File  LTD Partnership File  Foreign Corp. File  L.C. File  Fictitious Name File  Trade/Service Mark  Merger File
	Art. of Amend. File
	Photo Copy  Certificate of Good Standing  Certificate of Status  Certificate of Fictitious Name  Corp Record Search
Signature  Requested by (2/10)	Officer Search Fictitious Search Vehicle Search Driving Record UCC 1 or 3 File
Name         Date         Time           Walk-In         Will Pick Up	UCC 11 Search  UCC 11 Retrieval  Courier

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:  HUDSON MORGAN REAL ESTATE, LLC  ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:  9316 THURUS PLACE, ORDAND PL 3 2827  ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
The name and the Florida street address of the registered agent are:  CLIFFON RES MOZGATI  Name  9316 THURLOS PLACE  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.  Article IV - Management (Check box if applicable.)  The Limited Liability Company is to be managed by one manager or more managers and is,

(An additional article must be added if an effective date is requested)

therefore, a manager - managed company.

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.)

CLIFFOND RIFT MON.
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)