

Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

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From:

Account Name : BARNETT, BOLT, KIRKWOOD & LONG

Account Number : 072731001155 Phone : (813)253-2020

Fax Number : (813)251-6711

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SECRETARY OF STAIL VISION OF CORPORATIONS

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VISION OF CORPORATIO

LIMITED LIABILITY COMPANY

Rhonda G. Hogan, LLC

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\$130.00



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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Rhonda G. Hogan, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is: 101 E. Kennedy Boulevard, Suite 4000

Tampa, Florida 33602-5152

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

Rhonda G. Hogan	
Name	
101 E. Kennedy Boulevard, Suite 4000)
Florida street address (P.O. Box <u>NOT</u> ac	ceptable)
	602-5152
ARTICLE IV-Effective Date: March 31, 200	03
Having been named as registered agent and to accept service of plability company at the place designated in this certificate, I here registered agent and agree to act in this capacity. I further agree statutes relating to the proper and complete performance of my diaccept the obligations of my position as registered agent as provided the complete performance of my position as registered agent as provided the complete performance of my position as registered agent as provided the complete performance of my position as registered agent as provided the complete performance of my position as registered agent as provided the complete performance of my position as registered agent as provided the complete performance of my position as registered agent as provided the complete performance of my position as registered agent as provided the complete performance of my position as registered agent as provided the complete performance of my position as registered agent as provided the complete performance of my position as registered agent as provided the complete performance of my position as registered agent as provided the complete performance of my position as registered agent as provided the complete performance of my position as registered agent as provided the complete performance of my position as registered agent as provided the complete performance of my position and performance of my position and performance of my position as registered agent as provided the complete performance of my position and performance of my position and performance of my perform	thy accept the appointment as to comply with the provisions of all uties, and I am familiar with and ded for in Chapter 608, F.S. RECRETARY
(An additional article must be added if an effect	PORAI PORAI
(In accordance with section 608,408(3), Florida Sta	

Rhonda G. Hogan

Typed or printed name of signee

of this document constitutes an affirmation under the ponalties of perjury

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

that the facts stated herein are true.)

\$ 5.00 Certificate of Status (Optional)