

103000026358

JAMES GUERINO

(Requestor's Name)

1981 Capital Cir NE

(Address)

TALLAHASSEE, FL 32315

(Address)

933-0434

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

HAMMOCKS LLC

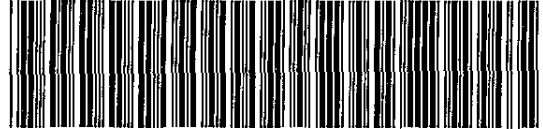
(Business Entity Name)

(Document Number)

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MJH

DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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03 SEP 24 PM 2:20

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 SEP 24 PM 2:27

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

The Hammocks, L.L.C.

ARTICLE II - Address:

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

Principal Office Address:

1981 Capital Circle N.E.
Tallahassee, FL 32308

Mailing Address:

C/O
P. O. Box 15887
Tallahassee, FL 32317-5887

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

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

James R. Guerino

Name

1981 Capital Circle N.E.

Florida street address (P.O. Box NOT acceptable)

Tallahassee, FL 32308

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..

James R. Guerino

Registered Agent's Signature

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MG RM

IRA RUSSACK

1981 Capital circle N.E.

Tallahassee, FL 32308

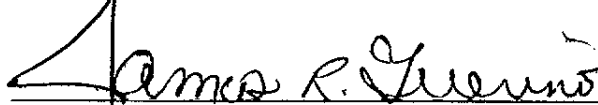
(Use attachment if necessary)

Article V - Effective Date

NOTE: An additional article must be added if an effective date is requested.

The Effective Date shall be Sept. 22 2003

REQUIRED SIGNATURE:



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.)

James R. Guerino

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)