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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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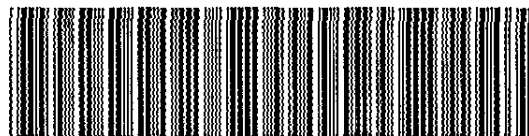
(Business Entity Name)

(Document Number)

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FILED
2003 OCT 22 PM 4:36
TALLAHASSEE, FLORIDA

J. BRYAN OCT 28 2003

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: A HAPPY KILN CERAMIC STUDIO LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

LEONARD D. HARGADON
(Name of Person)

A HAPPY KILN CERAMIC STUDIO LLC
(Firm/Company)

6368 NW 170 LANE
(Address)

HIWALEAH, FL 33015
(City/State and Zip Code)

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TALLAHASSEE, FLORIDA
DIVISION OF CORPORATIONS

For further information concerning this matter, please call:

LEONARD D. HARGADON at (954) 275 6350
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

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2009 OCT 22 PM 4:36
CLERK OF CIRCUIT COURT
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

A HAPPY KILN CERAMIC STUDIO LLC

ARTICLE II - Address:

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

Principal Office Address:

6368 NW 170 LN

HALEAH, FL 33015

Mailing Address:

6368 NW 170 LN

HALEAH FL 33015

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

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

LEONARD D. HARGADON
Name

6368 NW 170 LN
Florida street address (P.O. Box **NOT** acceptable)

HALEAH FLORIDA 33015
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, Florida Statutes..

[Signature]
Registered Agent's Signature

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:

MGRM

LEONARD D. HARGADON
6368 NW 170 LN
HTALEAH, FL 33015

MGR

LUCY E. HARGADON
6368 NW 170 LN
HTALEAH FL 33015

(Use attachment if necessary)

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

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.)

LEONARD D. HARGADON

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)

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UNIVERSITY CORPORATIONS
TALLAHASSEE, FLORIDA