

L03000047/55

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

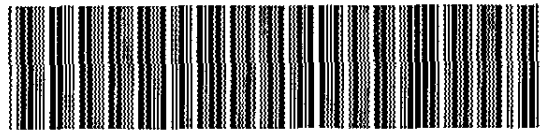
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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11/24/03--01110--006 \*\*125.00

EFFECTIVE DATE

1-04

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DIVISION OF CORPORATION

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DIVISION OF CORPORATIONS  
03 NOV 24 PM 1:24

TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT:

Bobby Hodge 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:

EFFECTIVE DATE  
1-1-04

Bobby Hodge  
(Name of Person)

420 Gaile Ave  
(Firm/Company)

Tallahassee FL 32305  
(City/State and Zip Code)

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DIVISION OF CORPORATIONS  
03 Nov 24 PM 1:24

For further information concerning this matter, please call:

\_\_\_\_\_ at (\_\_\_\_\_) \_\_\_\_\_  
(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

EFFECTIVE DATE

1-1-04

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is: Bobby Hodge, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

420 Gaile Ave

Tallahassee FL 32305

**Mailing Address:**

420 Gaile Ave

Tallahassee FL 32305

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

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

Bobby Hodge  
Name

420 Gaile Ave

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

Tallahassee FL 32305

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..*

Bobby Hodge

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:**

mgrm

Bobby Hodge  
420 Gaile Ave  
Tallahassee FL 32305


FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
03 Nov 24 PM 1:24

(Use attachment if necessary)

*Effective date shall be 1-1-01*

**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.)

Bobby Hodge

Typed or printed name of signer

**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)