

U03000055086

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)



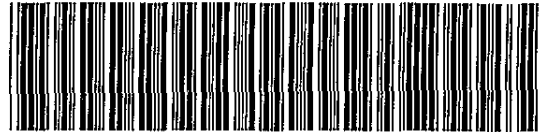
Elizabeth Hickman  
12531 Mahan Dr.  
Tallahassee, FL 32309

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03 DEC 15 PM 4:43  
TALLAHASSEE, FLORIDA

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

I, the undersigned, for the purpose of forming a LLC Company, do hereby adopt  
the following articles of Organization

**ARTICLE ONE**

**Name**

Elizabeth Hickman, LLC

**ARTICLE TWO**

**Address**

The principal place of business and mailing address of LLC  
shall be 12531 Mahan Drive, Tallahassee, Florida 32309

**ARTICLE THREE**

Registered Agent, Registered Office & Registered Agent's Signature:

Elizabeth Hickman  
Name

12531 MAHAN DRIVE  
Florida Street Address

TALLAHASSEE FL 32309  
City-State and Zip

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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*Having been named as a registered agent and to accept service of process for the above  
state limited liability Company at the place designated on 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.*

  
Register Agents Signature

## ARTICLE FOUR

**Manager(s) or Managing Member(s)**

**The registered agent's Managers for this LLC is as follows:**

Elizabeth Hickman Manager

### **Managing Member**

## ARTICLE FIVE

**EFFECTIVE DATE**

**The duration of the LLC shall be perpetual. This LLC begins its existence the same date as the filing of these articles of Organization with the Florida Department of State.**

**REQUIRED SIGNATURE:**

*Efsheth Heshna*  
Signature of a member or an author

Signature of a member or an authorized representative of a member

**Elizabeth Hickman**

**Typed or printed name of signee**