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PICK-UP	WAIT	MAIL
(B	usiness Entity Name)	
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Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	
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# TRANSMITTAL LETTER

Division of Corporations		
SUBJECT: HESSPORT, 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:		
ALBERT J. VIDAL. ESO.		
(Name of Person)	_	
VIDAL & MIDGETT, LLP		
(Firm/Company)		
1521 SE 36th Ave., Ste. 2		$\Box$
(Address)	ALC:	FEB
Ocala, FL 34471	E S	B -5
(City/State and Zip Code)		
For further information concerning this matter, please call:	FLORIDA	PM 3: 23
Albert J. Vidal at (352 ) 369-3333 (Area Code & Daytime Telephone Number)		

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

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

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name The name of the Lim	e: nited Liability Company is:			
HESSPORT	, LLC			
ARTICLE II - Add The mailing address	Iress: and street address of the principal	office of the Limited I	Liability Company is:	
Principal Office Ad	idress:	Mailing Address:		
3920 SE 48th	Street	3920 SE 48th	Street	
Ocala, FL 3	34480	Ocala, FL 3	4480	
	gistered Agent, Registered Office lorida street address of the register ALBERT J. VIDAL  Name  1521 SE 36th Ave., S  Florida street address (P.O. Box )	te. 2	O4 FEB -5 PM 3: 23 SEGRETARY OF STATE FALLED  SEGRETARY OF STATE FALLED  O4 FEB -5 PM 3: 23	The same of the same
-	City, State, and Zip	MXAVE CA	~	

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..

Registered Agent's Signatur

Page 1 of 2 (CONTINUED)

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

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:		
MGRM	PATRICK HESS 3920 SE 48th Street Ocala, FL 34480		
(Use attachment if necessary)	ALLAHA ALAHA	O4 FEB	
REQUIRED SIGNATURE:	e added if an effective date is requested.	-5 FM 3: 23	产的
(In accordance with section 608	3.408(3), Florida Statutes, the execution affirmation under the penalties of perjury		

Filing Fees: \$100.00 Filing Fee for Articles of Organization

that the facts stated herein are true.) PATRICK HESS

- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

Typed or printed name of signee