

L040000017309

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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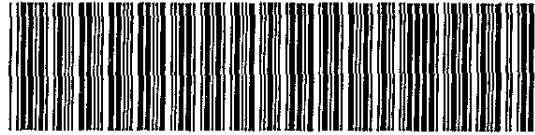
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

J. BRYAN MAR - 5 2004

Kimalie Hollomon

6928 SW 36th Court
Miramar, Florida 33023
Phone (305) 206-6197
Kimalie@aol.com



February 18, 2004

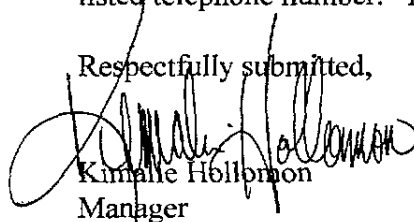
Florida Department of State
Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, Florida 32314

Attention: Registration Section

Please find enclosed the Articles of Organization for the Limited Liability Company named Hollomon's Home Development (H. H. D.), the mission statement, vision statement, and a check made payable to the Florida Department of State in the amount of \$160.00.

Should you have any questions or concerns, please feel free to contact me at the above listed telephone number. Your prompt process would be greatly appreciated.

Respectfully submitted,


Kimalie Hollomon
Manager

Enclosure

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TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HOLLOMON'S HOME DEVELOPMENT (H. H. D.), 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:

KIMALIE HOLLOMON

(Name of Person)

HOLLOMON'S HOME DEVELOPMENT (H. H. D.), LLC

(Firm/Company)

POST OFFICE BOX 835047

(Address)

HOLLYWOOD, FLORIDA 33083-5047

(City/State and Zip Code)

For further information concerning this matter, please call:

KIMALIE HOLLOMON

(Name of Person)

at (305) 206-6197

(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

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

HOLLOMON'S HOME DEVELOPMENT, LLC

ARTICLE II - Address:

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

Principal Office Address:

2361 NORTH WEST 172ND TERRACE

MIAMI, FLORIDA 33056

Mailing Address:

POST OFFICE BOX 835047

HOLLYWOOD, FLORIDA 33083-5047

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

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

WILLIE C. BENNETT

Name

2361 NORTH WEST 172ND TERRACE

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

MIAMI

FLORIDA 33056

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..


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:

MGR

KIMALIE HOLLOMON

6928 SOUTH WEST 36TH COURT

MIRAMAR, FLORIDA 33023

MGR

MONTE HOLLOMON

6928 SOUTH WEST 36TH COURT

MIRAMAR, FLORIDA 33023

MGRM

MARY L. BENNETT

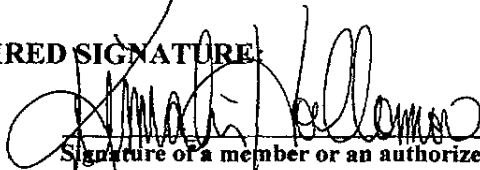
2361 NORTH WEST 172ND TERRACE

MIAMI, FLORIDA 33056

(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.)

KIMALIE HOLLOMON

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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TALLAHASSEE, FLORIDA