LO40000 18661

	equestor's Name)	
(Ac	Idress)	
		_
(Ac	ldress)	
	ty/State/Zip/Phone#	3
(O)	tyrotaterzip/Filone #	7
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name)
(Uc	ocument Number)	
Certified Copies	Certificates of	f Status
Special Instructions to	Filing Officer:	1
·		
		İ

Office Use Only



300029273223

03/01/04--01006--004 **160.00



HomePage HeadQuarters, LLC

490 NW Dover Court Port Saint Lucie, FL 34983

February 25, 2004

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

Dear Sir or Madam:

Please accept the enclosed "Transmittal Letter" and "Articles of Organization" paperwork for registering HomePage HeadQuarters, LLC. I have included \$160,00 to cover the following fees:

\$100 Filing Fee for Articles of Organization\$25 Designation of Registered Agent

\$30 Certified Copy \$5 Certificate of Status

\$160 total

Please contact me if there are any problems with the registration. My phone number is (772) 344-3877.

Sincerely,

Christopher D. Duchwar Christopher D. Baehman

Owner

SECRETALY OF STATE

EB 27 54 5.

and provide the second
TRANSMITTAL LETTER

TO:	Registration Section Division of Corporations	
SUBJ	ECT: HomePage HeadQuarters, LLC	
	(Name of Limited Liability Company)	
The er	closed Articles of Organization and fee(s) are submitted for filing.	
	Please return all correspondence concerning this matter to the following:	
	Christopher D. Baehman	
	,,	
	HomePage HeadQuarters, LLC	···
	490 NW Dover Court (Address)	
	Port Saint Lucie FL 34983 (City/State and Zip Code)	
	(City/State and Zip Code)	
For fu	ther information concerning this matter, please call:	
Ch	ristopher D. Bachman at 772 344-3877 (Name of Person) (Area Code & Daytime Telephone Number)	
		Es :
		F.C.
		ASSE INFO

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 SECTIFICATION 2:00

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Home Page Head Quart	ers, LLC
ARTICLE II - Address: The mailing address and street address of the principal	office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
490 NW Dover court	40 NW Dover Court
Port Saint Lucie, FL 34983	
ARTICLE III - Registered Agent, Registered Office The name and the Florida street address of the register	e, & Registered Agent's Signature:
Christopher D. I Name 490 NW Dover Co Florida street address (P.O. Box N Port Soint Lucie Fi	Bachman SECHLERY FEB 27 PH FOT acceptable) FIGURE 12:

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

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	Christopher D. Bachman 490 NW Dover Court Port Saint Lucie, FL 34983			
MGRM	Frances M. Baehman 490 NW Dover Court Port Soint Lucie, FL 34983			
	O4 FEB			
(Use attachment if necessary)	ASSEE, FLORID			
NOTE: An additional article must be added if an effective date is requested.				
REQUIRED SIGNATURE: Christopher D. Bachman				
Signature of a member or an authorized representative of a member.				
of this document constitutes an a that the facts stated herein are tr	Frances M. Baehman			
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)