

L040000023596

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP



WAIT

☐

MAIL

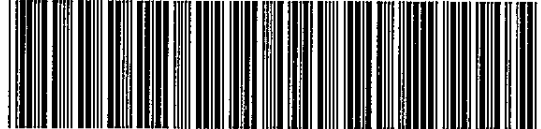
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



600030839576

03/29/04--01049--005 \*\*125.00

RECEIVED  
04 MAR 29 PM 12:39  
DIVISION OF CORPORATION

J. BRYAN MAR 29 2004

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
04 MAR 29 PM 12:39

## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: HOOVER ENTERPRISES, 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:

DONNIE R. HOOVER

(Name of Person)

HOOVER ENTERPRISES, LLC

(Firm/Company)

5707 HOOVER CT

(Address)

TALLAHASSEE, FL 32311

(City/State and Zip Code)

For further information concerning this matter, please call:

DONNIE R. HOOVER

(Name of Person)

at ( 850 ) 524-9606

(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

FILED  
SECRETARY OF FLORIDA  
TALLAHASSEE, FL  
04 MAR 29 PM 12:39

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

FILED STATE  
SECRETARY OF FLORIDA  
TALLAHASSEE, FLORIDA  
04 MAR 29 PM 12:39

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

HOOVER ENTERPRISES, LLC.

**ARTICLE II - Address:**

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

**Principal Office Address:**

HOOVER ENTERPRISES, LLC  
5707 HOOVER CT  
TALL, FL 32311

**Mailing Address:**

HOOVER ENTERPRISES, LLC  
5707 HOOVER CT.  
TALL, FL 32311

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

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

DONNIE R. HOOVER  
Name

5707 HOOVER CT.  
Florida street address (P.O. Box **NOT** acceptable)

TALLAHASSEE, FLORIDA 32311  
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

FILED STATE  
SECRETARY OF FLORIDA  
TALLAHASSEE, FLORIDA  
04 MAR 29 PM 12:39

**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

ANNETTE L. HOOVER  
5707 HOOVER CT.  
TALL, FL 32311

MGRM

DANNIE R. HOOVER  
5707 HOOVER CT  
TALL, FL 32311

(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.)

Dannie R. Hoover  
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)