

W4000028964

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

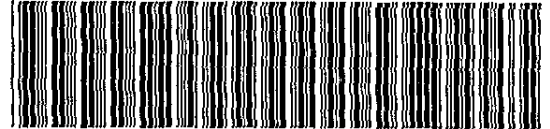
Certificates of Status _____

Special Instructions to Filing Officer:

4/8 FLIC

EFF 4/5

Office Use Only



000031812290

04/08/04--01051--002 **125.00

5/1/04

FILED

04 APR -8 PM 3:21

FILED

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HAWKINS A/C SERVICES, 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:

John E. Hawkins
(Name of Person)

(Firm/Company)

922 N. New Hampshire Ave.
(Address)

Tavares, FL 32778-2430
(City/State and Zip Code)

For further information concerning this matter, please call:

John E. Hawkins at (352) 253-0164
(Name of Person) (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

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

HAWKINS A/C SERVICES, LLC

ARTICLE II - Address:

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

Principal Office Address:

922 N. New Hampshire Ave.

Tavares, FL 32778-2430

Mailing Address:

P. O. Box 441

Astatula, FL 34705

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

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

John E. Hawkins

Name

922 N. New Hampshire Ave.

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

Tavares, FL 32778-2430

City, State, and Zip

FILED
04 APR -8 PM 3:21
TALLAHASSEE FLORIDA

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

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

"MGRM" = Managing Member

Name and Address:

MGRM

John E. Hawkins
922 N. New Hampshire Ave.
Tavares, FL 32778-2430

(Use attachment if necessary)

ARTICLE V - Effective Date:

These Articles of Organization shall be effective as of
April 5, 2004.

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

John E. Hawkins
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.)

John E. Hawkins
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)