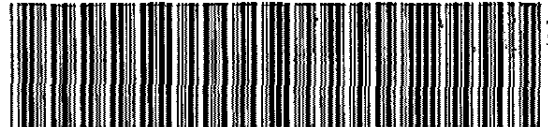


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(Address)

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TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

FILED

SUBJECT: HPFY, LLC  
(Name of Limited Liability Company)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JERRY L. Phillips  
(Name of Person)

HPFY, LLC  
(Firm/Company)

1411 LONESOME PINE LANE  
(Address)

TARPON SPRINGS FL 34689  
(City/State and Zip Code)

For further information concerning this matter, please call:

Jerry L. Phillips at ( 727 ) 938 7364  
(Name of Person) (Area Code & Daytime Telephone Number)  
JERRY L. Phillips

**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**

**FILED**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

HPFY, LLC.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE II - Address:**

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

**Principal Office Address:**

1411 LONESOME PINE LANE  
TARPON SPRINGS, FL 34689

**Mailing Address:**

1411 LONESOME PINE LANE  
TARPON SPRINGS, FL 346

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

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

JERRY L. Phillips  
Name

1411 LONESOME PINE LANE  
Florida street address (P.O. Box **NOT** acceptable)

Tarpon Springs FLORIDA 34689  
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..*

Jerry L. Phillips  
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:

**FILED**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

JERRY L. Phillips

1411 LINESOME PINN LANE

TALPON SPRINGS FL. 34689

(Use attachment if necessary)

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

**REQUIRED SIGNATURE:**

X Jerry L. Phillips

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.)

JERRY L. Phillips

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)