

L04000037436

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

(Business Entity Name)

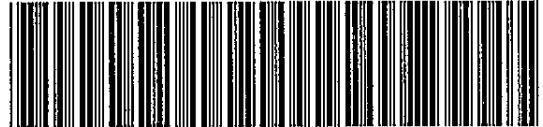
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FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
04 MAY 18 AM 10:39

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04 MAY 18 AM 10:40  
DEPT. OF REVENUE  
TALLAHASSEE, FLORIDA

*[Handwritten signature]*

## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Hobley's Sprinkling Installation Service, LLC  
(Name of Limited Liability Company)

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TALLAHASSEE, FLORIDA  
04 MAY 18 AM 10:39

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

Please return all correspondence concerning this matter to the following:

Meshanda Hobley  
(Name of Person)

\_\_\_\_\_  
(Firm/Company)

2119 Martin Luther King Blvd  
(Address)

Midway, FL 32343  
(City/State and Zip Code)

For further information concerning this matter, please call:

Meshanda Hobley at (850) 580-5482 or 321-2163  
(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:

Hobley's Sprinklers & Installation Service LLC

## ARTICLE II - Address:

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

### Principal Office Address:

2119 MLK Blvd  
Midway, FL 32343

### Mailing Address:

2119 MLK Blvd  
Midway, FL 32343

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

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

Meshanda Hobley  
Name

2119 MLK Blvd  
Florida street address (P.O. Box **NOT** acceptable)  
Midway, FL 32343  
City, State, and Zip

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*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, F.S..*

Meshanda Hobley  
Registered Agent's Signature

(CONTINUED)

**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

Meshanda Hobley  
2119 MLK Blvd  
Midway, FL 32343

(Use attachment if necessary)

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

**REQUIRED SIGNATURE:**

Meshanda Hobley

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.)

Meshanda Hobley

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)