

L04000039114

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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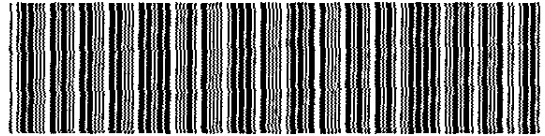
(Business Entity Name)

(Document Number)

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RECEIVED 04 MAY 24 PM 2:05  
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TALLAHASSEE, FLORIDA  
DIVISION OF CORPORATION

*[Handwritten signature]*

# CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Hamilton McNab Properties, LLC

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TALLAHASSEE, FLORIDA

\_\_\_\_ Art of Inc. File  
\_\_\_\_ LTD Partnership File  
\_\_\_\_ Foreign Corp. File  
☒ L.C. File  
\_\_\_\_ Fictitious Name File  
\_\_\_\_ Trade/Service Mark  
\_\_\_\_ Merger File  
\_\_\_\_ Art. of Amend. File  
\_\_\_\_ RA Resignation  
\_\_\_\_ Dissolution / Withdrawal  
\_\_\_\_ Annual Report / Reinstatement  
☒ Cert. Copy  
\_\_\_\_ Photo Copy  
☒ Certificate of Good Standing  
\_\_\_\_ Certificate of Status  
\_\_\_\_ Certificate of Fictitious Name  
\_\_\_\_ Corp Record Search  
\_\_\_\_ Officer Search  
\_\_\_\_ Fictitious Search  
\_\_\_\_ Fictitious Owner Search  
\_\_\_\_ Vehicle Search  
\_\_\_\_ Driving Record  
\_\_\_\_ UCC 1 or 3 File  
\_\_\_\_ UCC 11 Search  
\_\_\_\_ UCC 11 Retrieval  
\_\_\_\_ Courier

Signature

Requested by:

Name

Date

Time

Walk-In

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

**FILED**  
04 MAY 24 PM 2:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Hamilton McNab Properties, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

1524 Coral Ridge Dr.

Fort Lauderdale, Florida 33304

**Mailing Address:**

1524 Coral Ridge Dr.

Fort Lauderdale, Florida 33304

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

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

H. Collins Forman, Jr., P.A.

Name

1323 SE Third Avenue

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

Fort Lauderdale

FLORIDA 33316

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

**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:**

MGR	Hamilton C. Forman, as Trustee of the Hamilton C. Forman Living Trust dated May 19, 1981
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

(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.)

Hamilton C. Forman  
\_\_\_\_\_  
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)

