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| (Requestor's Name) | |
|---|---|
| (Address) | |
| (Address) | |
| (City/State/Zip/Phone #) | |
| PICK-UP WAIT MAII | - |
| (Business Entity Name) | |
| (Document Number) | |
| Certified Copies Certificates of Status | 1 |
| Special Instructions to Filing Officer: | |
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| CCAWS | |
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Denison and Denison, P.C.

JOSEPH C. DENISON, SR. MEMBER OF THE ALABAMA FLORIDA AND VIRGINIA BARS

> OF COUNSEL TOM KOTOUC

Attorneys and Counselors at Law 1621 Deer Tract Road Opelika, Alabama 36801

> (334) 742-0725 FAX (334) 749-3724

CANDACE WINTER DENISON MEMBER OF THE ALABAMA AND FLORIDA BARS

June 1, 2004

Florida Department of State Registration Section, Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

Re: Hoge Investments of N. W. Florida, LLC

Dear Sir or Madam:

I have enclosed Articles of Organization for Hoge Investments of N. W. Florida, LLC. Please record the Limited Liability Company Articles of Organization and return a letter of acknowledgment, certified copy and Certificate of Status for the LLC to me. I have also enclosed my \$160.00 check for the filing fees. Thank you for your assistance in this matter. God bless you.

Sincerely,

Joseph C. Denison, Sr.

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Nam | ie: |
|---------------------|-----------------|
| The name of the Lir | nited Liability |

y Company is: HOGE INVESTMENTS OF N.W. FLORIDA, LLC

ARTICLE II - Address:

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

| Principal | Office | Address: |
|-----------|--------|----------|
| | | |

| Mailing | Address: |
|---------|----------|
| Manina | Address: |

| 144 DA | νA | POINTE |
|-----------|----|--------|
| Niceville | F۱ | 32578 |

| 144 | DAVA | Po | INTE |
|-------|------|----|-------|
| Nices | lle | FL | 32518 |

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

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

Philip R. HOGE Name 144 DANA POINTE Florida street address (P.O. Box NOT acceptable)

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..

(CONTINUED)

Page 1 of 2

| <u>Title:</u> | Name and Address: | | |
|--------------------------------|--|--|--|
| "MGR" = Manager | | | |
| "MGRM" = Managing Member | Philip R. HOSE 114 DANA POINTE | | |
| MGR_ | 114 DANA POINTE | | |
| | Niceville FL 32578 | | |
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| (Use attachment if necessary) | | | |
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| NOTE: An additional article mu | st be added if an effective date is requested. | | |
| | • | | |
| REQUIRED SIGNATURE: | | | |
| | | | |
| | | | |
| Signature of a me | mber or an authorized representative of a member. | | |
| | | | |
| | h section 608.408(3), Florida Statutes, the execution onstitutes an affirmation under the penalties of perjury d herein are true.) | | |
| \mathcal{O}_{h_1} | LIP R HOME | | |
| | LIP R. HOSS 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) | | |

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows: