

W04000051050

00789-00524-00671

Do not file Oper. Agree-  
attached Articles

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies 1 Certificates of Status 1

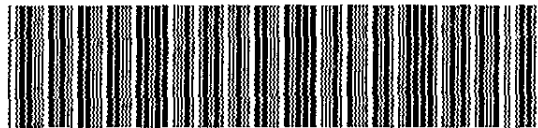
Special Instructions to Filing Officer:

7/8 FLCC

CC4WS

Office Use Only

W04-24307



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MJH

06/21/04--01032--009 \*\*160.00

06/21/04 09:14:40

## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** HM Babe, 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:

Debbie Berry  
(Name of Person)

HM Babe, LLC.  
(Firm/Company)

1132 O'Day Drive,  
(Address)

Winter Springs, FL 32708  
(City/State and Zip Code)

For further information concerning this matter, please call:

Shelia Burgess at (407) 366-6595  
(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



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

June 23, 2004

DEBBIE BERRY  
H M BABE, LLC  
1132 O'DAY DRIVE  
WINTER SPRINGS, FL 32708

SUBJECT: H M BABE, LLC  
Ref. Number: W04000024307

We have received your document for H M BABE, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must complete the attached Articles of Organization for processing, the Operating Agreement is not acceptable.,

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Michelle Hodges  
Document Specialist

Letter Number: 004A00041602

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

H M Babe, LLC.

**ARTICLE II - Address:**

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

**Principal Office Address:**

1132 O'Day Drive  
Winter Springs  
FL 32708

**Mailing Address:**

1132 O'Day Drive  
Winter Springs  
FL 32708

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

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


Debbie Berry  
Name

1132 O'Day Drive  
Florida street address (P.O. Box **NOT** acceptable)

Winter Springs, FL 32708  
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, 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

Debbie Berry  
1132 O'Day Drive  
Winter Springs, FL 32708

MGR

Shelia Burgess  
3557 Queensbury Ct.  
Oviedo, FL 32765

MGR

Peggy Wolford  
1424 Pelican Bay Trl.  
Winter Park, FL 32792

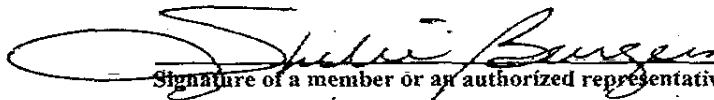
MGR

Carol Denton  
1617 Gran Paseo Dr.  
Orlando, FL 32825

(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.)

SHELIA BURGESS

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)