

L04000051079

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

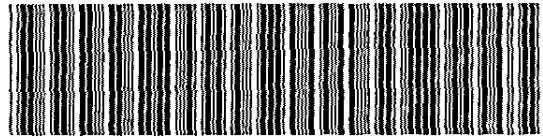
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700038875967

FILED

04 JUL -9 PM 3:11

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

RECEIVED

04 JUL -9 PM 12:54

DEPT. OF REVENUE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 797361 81034A

AUTHORIZATION :

Patricia Pijoto

COST LIMIT : \$ 155.00

FILED
04 JUL - 9 PM 3:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ORDER DATE : July 9, 2004

ORDER TIME : 10:31 AM

ORDER NO. : 797361-005

CUSTOMER NO: 81034A

CUSTOMER: Michael W. Mead, Esq
Michael Wm. Mead, Esq

P. O. Drawer 1329

Fort Walton Bea, FL 32549-1329

DOMESTIC FILING

NAME: HAMMOCK INVESTMENTS, LLC

XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY

CONTACT PERSON: Heather Chapman - EXT. 2908

EXAMINER'S INITIALS: _____

ARTICLES OF ORGANIZATION
OF
HAMMOCK INVESTMENTS, LLC

04 JUL -9 PM 3:11
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I ~ Name

The name of the limited liability company shall be **HAMMOCK INVESTMENTS, LLC**.

ARTICLE II ~ Address

The street address of the principal office of the Limited Liability Company shall be 24 Walter Martin Road, Suite 3, Fort Walton Beach, (Okaloosa County) Florida 32548, but it shall have the power and authority to establish branch offices at such place or places as may be designated by the members.

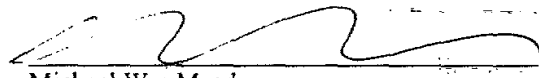
The mailing address for the Limited Liability Company shall be the same.

**ARTICLE III ~ Registered Agent, Registered Office
& Registered Agent's Signature**

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

Michael Wm Mead
24 Walter Martin Road, Suite 3
Fort Walton Beach, Florida 32548

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.



Michael Wm Mead
(Registered Agent's Signature)

