

L04000056992

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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2004 AUG -2 PM 3:14
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

W04-28217
J. BRYAN
J. BRYAN " 22 2004

J. BRYAN AUG -2 2004

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: OSCAR'S H M SERVICES 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:

OSCAR L JOHNSON
(Name of Person)

OSCAR'S H M SERVICES LLC
(Firm/Company)

1474 WATEROAK TRAIL
(Address)

CANTONMENT, FLORIDA 32533
(City/State and Zip Code)

For further information concerning this matter, please call:

Oscar L Johnson at (850) 698-2364
(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

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TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

July 22, 2004

OSCAR L JOHNSON
OSCAR'S H M SERVICES LLC
1474 WATEROAK TRAIL
CANTONMENT, FL 32533

SUBJECT: OSCAR'S H M SERVICES LLC
Ref. Number: W04000028217

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

We have received your document for OSCAR'S H M SERVICES LLC and your check(s) totaling \$100.00. However, the document has not been filed and is being retained in this office for the following:

There is a balance due of \$25.00.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan
Document Specialist

Letter Number: 204A00046493

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

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

OSCAR'S H M SERVICES LLC

ARTICLE II - Address:

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

Principal Office Address:

1474 WATEROAK TRAIL

CANTONMENT, FLORIDA 32533

Mailing Address:

1474 WATEROAK TRAIL

CANTONMENT, FLORIDA 32533

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

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

OSCAR L. JOHNSON

Name

1474 WATEROAK TRAIL


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

CANTONMENT

FLORIDA 32533

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:

MGRM

OSCAR L. JOHNSON

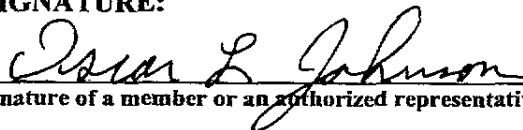
1474 WATEROAK TRAIL

CANTONMENT, FLORIDA 32533

(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.)

OSCAR L. JOHNSON

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)

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