L040000 65695

| (Requestor's Name) |
|---|
| |
| (Address) |
| |
| (Address) |
| |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| |
| (Document Number) |
| |
| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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SECONDIARY OF SIAN

TRANSMITTAL LETTER

| | ation Section n of Corporations | | | | |
|-------------------------|--|--|--|--------------------------------------|---|
| SUBJECT: | Fight Hoo (Name of | Limited Liability Company) | LLC | | |
| • 1 | ticles of Organization and fee(s) correspondence concerning this | | | | |
| -Ange | (Name of Person) | Taken to the tone wing. | | | |
| Righ | t Hook Instal | 15 110 | | O4 S | |
| 732 | Providence Tr. (Address) | CR Apt 201 | | EP -2 AM | |
| Brar | ndon 71 335 (City/State and Zip Code |) | | AM II: 20 OF STAILS E. FLORIDA | |
| For further infor | mation concerning this matter, plo | ease cali: | | | |
| Ang | (Name of Person) | at (<u>8/3</u>) 72 (Area Code & Daytime | 86-2978 Telephone Number) | | |
| Enclosed is a check for | the following amount: | | | | |
| □ \$125.00 Filing Fee | \$130.00 Filing Fee & Certificate of Status | □ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) | \$160.00 Filing Certificate of Certified Cop (additional copy | f Status & by | • |
| Registra Divisio | ET ADDRESS: ation Section n of Corporations Gaines Street | Registra | NG ADDRESS: tion Section of Corporations x 6327 | | |

Tallahassee, Florida 32399

Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: | |
|---|--|
| The name of the Limited Liability Company is: | |
| Bight Hook Installs, 1 | LC |
| ARTICLE II - Address: | |
| The mailing address and street address of the principal o | ffice of the Limited Liability Company is: |
| Principal Office Address: | Mailing Address: |
| 1732 Providing Tr Ce. Apt 201 Brandon 71 33511 | 732 Providence Tr. Cp 201 Brandon 71. 33511 |
| ARTICLE III - Registered Agent, Registered Office, | & Registered Agent's Signature: |
| The name and the Florida street address of the registered | agent are: SSE 2 |
| Angel Casiano Name | E. FLORE |
| 732 Providence TR.(Florida street address (P.O. Box NO | 2. ADT 201 3' |
| Porandon FL City, State, and Zip | 33511 |
| Having been named as registered agent and to accept ser | vice of process for the above stated limited |

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..

Megistered Agent's Signature

(CONTINUED)

| | anager(s) or Managiness of each Manager o | ng Member(s): or Managing Member is as follows: | |
|---|--|--|--|
| Title: "MGR" = Manager "MGRM" = Manager | | Name and Address: | |
| MGR. | <u>.</u> | Angel Casiano 132 Providence Tr. Cr. 201 Brandon 71 335/1. | |
| · · | | | |
| (Use attachment if | | | |
| REQUIRED SIGN | Signature of a member of this document constitut that the facts stated herein Angrei | added if an effective date is requested. A STAND dor printed name of signee Filing Fees: 5100.00 Filing Fee for Articles of Organization 525.00 Designation of Registered Agent 530.00 Certified Copy (Optional) | |
| | | 5.00 Certified Copy (Optional) 5.00 Certificate of Status (Optional) | |