

L04000068020

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

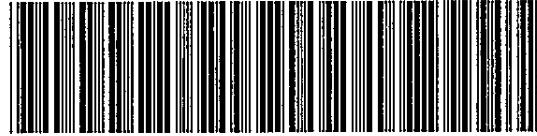
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09/01/04--01007--008 \*\*78.75

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2004 SEP 17 AM 8:27  
J. BRYAN CORPORATIONS  
TALLAHASSEE, FLORIDA

W04-33488  
J. BRYAN SEP - 3 2004

J. BRYAN SEP 20 2004

## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT :** AHHR. ENTERPRISE, 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:

\_\_\_\_\_  
(Name of Person)

We The People  
(Firm/Company)

101 East Commercial Boulevard  
(Address)

Fort Lauderdale, FL 33334  
(City/State and Zip Code)

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Brenda KARLECKE at (954) 4912990  
(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

September 3, 2004

BRENDA KARLECKE  
WE THE PEOPLE  
101 EAST COMMERCIAL BOULEVARD  
FORT LAUDERDALE, FL 33334

SUBJECT: AHHR. ENTERPRISE, LLC  
Ref. Number: W04000033488

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

We have received your document for AHHR. ENTERPRISE, LLC and your check(s) totaling \$78.75. However, the document has not been filed and is being retained in this office for the following:

There is a balance due of \$76.25.

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

Joey Bryan  
Document Specialist

Letter Number: 404A00053634

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

AHHR. ENTERPRISE, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

6602 Blvd of Champion

N. Lauderdale, FL 33068

**Mailing Address:**

6602 Blvd of Champion

N. Lauderdale, FL 33068

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

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

John Hutchinson

Name

9590 N.W 20th Place

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

Sunrise, FL 33322

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, F.S..*



Registered Agent's Signature

(CONTINUED)

**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:**

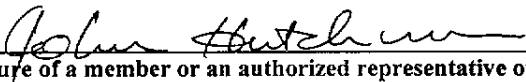
MGR	Rodney Rhoden 6602 Blvd of Champs N. Lauderdale, FL 33068.
MGRM	Riccard Auguste 6602 Blvd of Champs N. Lauderdale, FL 33068.
MGRM	John Hutchinson 9590 N.W 20th Place Sunrise, FL. 33322
MGRM	Ricardo Hutchinson 6602 Blvd of Champs N. Lauderdale, FL. 33322

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TALLAHASSEE, FLORIDA

(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.)

JOHN HUTCHINSON  
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)