- 2 - 8
(Requestor's Name)
.
(Address)
(Address)
(Address)
-
(City/State/Zip/Phone #)
(City/State/Zip/Filone #)
PICK-UP _ WAIT MAIL
(Business Entity Name)
(Document Number)
C. L.
ertified Copies Certificates of Status
Special Instructions to Filing Officer:
1
11/15 FLC
:
Office Use Only



500042467605

11/15/04--01022--016 **130.80

MJH .

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations					
SUBJECT: H & S Meats (Name of Limite	LLC d Liability Company)				
The enclosed Articles of Organization and fee(s) are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
Charles G. Hart (Name of Person)					
	Name of Person)				
H& < M	n11 2+0.				
(17)	eats LLC				
`					
11520 1 0 1	Lather Ave				
14530 Led better Ave.					
	(4444				
	7.1-21				
Groveland, Fl. 3+736 (City/State and Zip Code)					
City	State and Zip Code)	•			
For further information concerning this matter places	calls				
For further information concerning this matter, please call:					
Charles G Hart	m 352 \ 516	-7795			
Charles G. Hart at (352) 516-7795 (Name of Person) (Area Code & Daytime Telephone Number)					
Enclosed is a check for the following amount:					
☐ \$125.00 Filing Fee	☐ \$155.00 Filing Fee &	CL \$160.00 Filing Fee			
Certificate of Status	Certified Copy	Certificate of Status &			
f	(additional copy is enclosed)	Certified Copy			
	ĺ	(additional copy is enclosed)			
STREET ADDRESS:	MAILING A	DDRESS:			
Registration Section	Registration S				
Division of Corporations	Division of C	orporations			
409 F. Gaines Street	P.O. Box 632	7			

409 E. Gaines Street Tallahassee, Florida 32399

P.O. Box 6327 Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	. !	
His Meats LLC		
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of th	ne Limited Liability Company is:
Principal Office Address:	Mailing Addres	ss:
Groveland, Fl. 34736	same	
ARTICLE III - Registered Agent, Registered	Office, & Regist	ered Agent's Signature:
The name and the Florida street address of the re	egistered agent are	•
Charles G. Name	Hart	
<u>,</u>		
14530 Ledbet Florida street add	ter Ave	
	1	
Groyeland, City, State, as	FL 3473	
Having been named as registered agent and to a liability company at the place designated in the	ccept service of pr is certificate. I hei	rocess for the above stated timited reby accept the appointment as
registered agent and agree to act in this capacity	. I further agree to	o comply with the provisions of all
statutes relating to the proper and complete per accept the obligations of my position as regis	formance of my di tered agent as pro	uties, and I am familiar with and vided for in Chapter 608, F.S
Clarko D.	that	Ās o
Registered Agent's	Signature	EE 4
	<u> </u>	€F 2 T
		(S) 5
		a g m
(CONTINU	JED)	

Page 1 of 2

	Manager(s) or Managi ddress of each Manager		s as follows:
Title: "MGR" = Mana "MGRM" = Ma		Name and Address:	
MGR	· -	Charles Co 14530 Ledbe Coroveland.	
· · · · · · · · · · · · · · · · · · ·			
	-		
(Use attachment	if necessary) itional article must be a	added if an effective d	ate is requested.
REQUIRED SIG	GNATURE:	4 Sh. +	!
	Signature of a member or a (In accordance with section of this document constitutes that the facts stated herein Charles Typed of	608.408(3), Florida Statutes an affirmation under the pe	 s, the execution
of Regi	ee for Articles of Organizat stered Agent d Copy (Optional)	ion and Designation	
	ate of Status (Optional)		1