# L0400092611

(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



300042977573

\*\*155.00 FILED

\*\*155.00
\*\*155.00
\*\*155.00
\*\*155.00
\*\*155.00
\*\*155.00
\*\*155.00
\*\*155.00
\*\*155.00
\*\*155.00
\*\*155.00
\*\*155.00
\*\*155.00
\*\*155.00
\*\*155.00
\*\*155.00
\*\*155.00
\*\*155.00
\*\*155.00
\*\*155.00
\*\*155.00
\*\*155.00
\*\*155.00
\*\*155.00
\*\*155.00
\*\*155.00
\*\*155.00
\*\*155.00
\*\*155.00
\*\*155.00
\*\*155.00
\*\*155.00
\*\*155.00
\*\*155.00
\*\*155.00
\*\*155.00
\*\*155.00
\*\*155.00
\*\*155.00
\*\*155.00
\*\*155.00
\*\*155.00
\*\*155.00
\*\*155.00
\*\*155.00
\*\*155.00
\*\*155.00
\*\*155.00
\*\*155.00
\*\*155.00
\*\*155.00
\*\*155.00
\*\*155.00
\*\*155.00
\*\*155.00
\*\*155.00
\*\*155.00
\*\*155.00
\*\*155.00
\*\*155.00
\*\*155.00
\*\*155.00
\*\*155.00
\*\*155.00
\*\*155.00
\*\*155.00
\*\*155.00
\*\*155.00
\*\*155.00
\*\*155.00
\*\*155.00
\*\*155.00
\*\*155.00
\*\*155.00
\*\*155.00
\*\*155.00
\*\*155.00
\*\*155.00
\*\*155.00
\*\*155.00
\*\*155.00
\*\*155.00
\*\*155.00
\*\*155.00
\*\*155.00
\*\*155.00
\*\*155.00
\*\*155.00
\*\*155.00
\*\*155.00
\*\*155.00
\*\*155.00
\*\*155.00
\*\*155.00
\*\*155.00
\*\*155.00
\*\*155.00
\*\*155.00
\*\*155.00
\*\*155.00
\*\*155.00
\*\*155.00
\*\*155.00
\*\*155.00
\*\*155.00
\*\*155.00
\*\*155.00
\*\*155.00
\*\*155.00
\*\*155.00
\*\*155.00
\*\*155.00
\*\*155.00
\*\*155.00
\*\*155.00
\*\*155.00
\*\*155.00
\*\*155.00
\*\*155.00
\*\*155.00
\*\*155.00
\*\*155.00
\*\*155.00
\*\*155.00
\*\*155.00
\*\*155.00
\*\*155.00
\*\*155.00
\*\*155.00
\*\*155.00
\*\*155.00
\*\*155.00
\*\*155.00
\*\*155.00
\*\*155.00
\*\*155.00
\*\*155.00
\*\*155.00
\*\*155.00
\*\*155.00
\*\*155.00
\*\*155.00
\*\*155.00
\*\*155.00
\*\*155.00
\*\*155.00
\*\*155.00
\*\*155.00
\*\*155.00
\*\*155.00
\*\*155.00
\*\*155.00
\*\*155.00
\*\*155.00
\*\*155.00
\*\*155.00
\*\*155.00
\*\*155.00
\*\*155.00
\*\*155.00
\*\*155.00
\*\*155.00
\*\*155.00
\*\*155.00
\*\*155.00
\*\*155.00
\*\*155.00
\*\*155.00
\*\*155.00
\*\*155.00
\*\*155.00
\*\*155.00
\*\*155.00
\*\*155.00
\*\*155.00
\*\*155.00
\*\*155.00
\*\*155.00
\*\*155.00
\*\*155.00
\*\*155.00
\*\*155.00
\*\*155.00
\*\*155.00
\*\*155.00
\*\*155.00
\*\*155.00
\*\*155.00
\*\*155.00
\*\*155.00
\*\*155.00
\*\*155.00
\*\*155.00
\*\*155.00
\*\*155.00
\*\*155.00
\*\*155.00
\*\*155.00
\*\*155.00
\*\*155.00
\*\*155.00
\*\*155.00
\*\*155.00
\*\*155.00
\*\*155.00
\*\*155.00
\*\*155.00
\*\*155.00
\*\*155.00
\*\*155.00
\*\*155.00
\*\*155.00
\*\*155.00
\*\*155.00
\*\*155.00
\*\*155.00
\*\*155.00
\*\*155.00
\*\*155.00
\*\*155.00
\*\*155.00
\*\*155.00
\*\*155.00
\*\*155.00
\*\*155.00
\*\*155



## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

). Hay Stc.		Art of Inc. File
·		Art of Inc. File
- 1272-11-		LTD Partnership File
		Foreign Corp. File
		L.C. File
		Fictitious Name File
		Trade/Service Mark
		Merger File
		Art. of Amend. File
		RA Resignation
		Dissolution / Withdrawal
		Annual Report / Reinstatement
		Cert. Copy
		Photo Copy
		Certificate of Good Standing
		Certificate of Status
		Certificate of Fictitious Name
		Corp Record Search
		Officer Search
		Fictitious Search
Signature		Fictitious Owner Search
Dignature		Vehicle Search
	### <b>                   -</b>	Driving Record
Requested by:		UCC 1 or 3 File
Name	13 99 04 1:18 Time	UCC 11 Search
Name	Date Time	UCC 11 Retrieval
Walk-In	Will Pick Up	Courier

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

ARTY	~~~	Tr 1	•	<b>*</b>	
ARTH	I : 1	. N.	• - i	ΥЛ	T 6 :

The name of the Limited Liability Company is: W. Hay LLC

#### ARTICLE II - Address:

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

#### Principal Office Address:

Mailing Address:

1530 Corneratone Blvd. Ste. 100 Daytona Beach, FL 32117. P. O. Box 10809

Daytona Beach, FL 32120-0809

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

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

Robert F. Apgar

Name

1530 Cornerstone Blvd., Ste. 100

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

Daytona Beach

FL 32117

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

Robert F. Apgar

(CONTINUED)

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	W. Hay Inc.
	P. O. Box 10809  Daytona Beach, FL 32120-0809
(Use attachment if necessary)	
NOTE: An additional article m	ust be added if an effective date is requested. $$ N/
REQUIRED SIGNATURE:	
	comber or an authorized representative of a member.
of his document	rith section 608.408(3), Florida Statutes, the execution constitutes an affirmation under the penalties of porjury ted herein are true.)

William H. McMunn, President

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)