

L05000001294

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

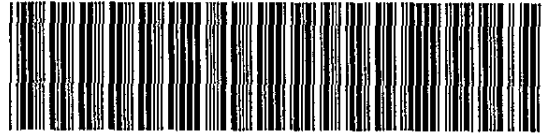
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

J. BRYAN JAN - 5 2005

**DAVID M. ANDREWS**

ATTORNEY AT LAW

125 NIX BOAT YARD ROAD

P.O. BOX 5358

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FAX (904) 826-4236

December 28, 2004

Registration Section  
Division of Corporations  
Corporate Filings  
P.O. Box 6327  
Tallahassee, FL 32314

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DIV. OF CORPORATIONS  
TALLAHASSEE, FLORIDA

Re: HURST & BEVILLE, LLC

Dear Sir/Madam:

Enclosed are proposed Articles of Organization in reference to the captioned limited liability company. Also enclosed is our check in the amount of \$130.00 to cover the following:

Filing Fee for Articles of Organization	\$ 100.00
Designation of Registered Agent	25.00
Certificate of Status	5.00

If the Articles of Organization meet with your approval, please execute and return to my office.

Respectfully yours,



David M. Andrews

Digital Signature

In his absence to avoid delay

DMA:dds  
Enclosures

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

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TALLAHASSEE, FLORIDA

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

HURST & BEVILLE, 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:**

ENID HURST

ENID HURST

3 PALM ROW

3 PALM ROW

ST. AUGUSTINE, FL 32084

ST. AUGUSTINE, FL 32084

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

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

ENID HURST

Name


3 PALM ROW

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

ST. AUGUSTINE, FL 32084

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

**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:**

MEGAN BEVIL, MGRM

91 LINCOLN STREET  
ST. AUGUSTINE, FL 32084

ENID HURST, MGRM


3 PALM ROW  
ST. AUGUSTINE, FL 32084

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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.)

\_\_\_\_\_  
ENID HURST  
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)