

**L05000011231**  
**FILED**

Florida Department of State  
Division of Corporations  
Public Access System

2005 FEB -2 A 10: 58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

((H05000027581 3)))

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

Division of Corporations  
Fax Number : (850)205-0383

From:

Account Name : NAMS  
Account Number : 073313002424  
Phone : (407)869-5766  
Fax Number : (407)869-5207

RECEIVED  
05 FEB -2 AM 10:21  
DIVISION OF CORPORATION

**LIMITED LIABILITY COMPANY**

**LHH Family Holdings, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

**AL**

Electronic Filing Menu

Corporate Filing

Public Access Help

((H05000027581 3)))

**FILED**

**TRANSMITTAL LETTER**

2005 FEB -2 A 10: 58

**TO:** Registration Section  
Division of Corporations

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**SUBJECT:** LHH Family Holdings, 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:

Joe Pires  
(Name of Person)

National Accounting & Management Services, Inc.  
(Firm/Company)

841 Douglas Ave. Ste. 104  
(Address)

Altamonte Springs, FL 32715  
(City/State and Zip Code)

For further information concerning this matter, please call:

Joe Pires at ( 407 ) 869-5766  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |  |   |   |   |
|--|---|---|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|---|---|---|

**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

((H05000027581 3)))

((H05000027581 3)))

FILED

2005 FEB -2 A 10: 58

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

LHH Family Holdings, 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:

1583 E. Silver Star Rd. Shop 191  
Ocoee, FL 34781

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

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

LeAnn Hitchcock

Name

1583 E. Silver Star Rd. Shop 191

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

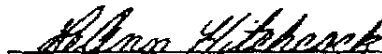
Ocoee

FL

City, State, and Zip

34781

*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)

Page 1 of 2

((H05000027581 3)))

(((H05000027581 3)))

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**FILED****Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

2005 FEB -2 A 10: 58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDAMGRMLeAnn Hitchcock821 E. Harbour CourtOcoee, FL 34761

(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.)

LeAnn Hitchcock

Typed or printed name of signee

**Filing Fees:****\$125.00 Filing Fee for Articles of Organization and Designation  
of Registered Agent****\$ 30.00 Certified Copy (Optional)****\$ 5.00 Certificate of Status (Optional)**

(((H05000027581 3)))