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## FLORIDA DEPARTMENT OF STATE FEB -7 A 2: 59

Glenda E. Hood Secretary of State

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Letter Number: 705A00005388

January 26, 2005

MICHAEL D. HENDZEL 371 MEHLENBACHER RD BELLEAIR, FL 33770

SUBJECT: HENDZEL INVESTMENTS LLC

Ref. Number: W05000004159

We have received your document for HENDZEL INVESTMENTS LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt Document Specialist

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

## Hendzel Investments LLC

Mike Hendzel

371 Mehlenbacher Rd

Belleair Bluffs, FL 33770

## TRANSMITTAL LETTER

TO: Registration Section Division of Corporations  FILED		
SUBJECT: Hendzel Investments Maffer A 3: 00  (Name of Limited Liability Company)  TALLAHASSEE, FLORIDA		
The enclosed Articles of Organization and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Michael D. Hendzel		
Mone		
(Firm/Company)		
371 Mehlenbacher Rd (Address)		
Belleair FL 33770 (City/State and Zip Code)		
For further information concerning this matter, please call:		
MIKe Hendzel at (D27) 692-3249  (Name of Person) (Area Code & Daytime Telephone Number)		
Enclosed is a check for the following amount:		
\$125.00 Filing Fee \$\ \text{Certificate of Status} \ \text{Certified Copy} \\ \text{(additional copy is enclosed)} \ \text{(additional copy is enclosed)} \ \text{Certified Copy} \\ \text{(additional copy is enclosed)} \ (additi		

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

ARTICLE I - Name:
The name of the Limited Liability Company is:

ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

Mailing Address:

Mailing Address:

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

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

Mailing Address:

Mai

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 Manager  The name and address of each Manager	ing Member(s): or Managing Member is as follows: I E D
Title:  "MGR" = Manager  "MGRM" = Managing Member  (CDM' MANAGING MEMBER	Name and Address:  2005 FEB - 1 A 3: 00  Stanley Hewall Address of State  Belleair Bluffs, FL 33770
(Use attachment if necessary)  NOTE: An additional article must be  REQUIRED SIGNATURE:	e added if an effective date is requested.
(In accordance with section of this document constituent that the facts stated here	
Filing Fees:  \$125.00 Filing Fee for Articles of Organic of Registered Agent  \$ 30.00 Certified Copy (Optional)  \$ 5.00 Certificate of Status (Optional)	zation and Designation