L05000013962

(Re	questor's Name)		_
(· · ·	, 44.00.00, 0 , 10.1110,		
(Ad	dress)		-
(Ad	dress)		-
(Cit	y/State/Zip/Phon	a #f)	
(OII	yotate/2ip/Filon	υπ)	
PICK-UP	MAIT	MAIL	
(Bu	siness Entity Nar	ne)	•
(Do	cument Number)		.
000	cument number)		
Certified Copies	_ Certificates	of Status	
Special Instructions to	Filing Officer:		ļ





800045782928

02/02/05--01043--012 **130.00





TRANSMITTAL LETTER

то:	Registration Se Division of Co							
SUBJI	ECT:	S&H Publi	shing, LLC					
		(Name of Limite	d Liability Co	mpany)				
		f Organization and fee(s) are s						
Piease	тешти ан согтсър	ondence concerning this matt	er to the lones	vuig.				
			Paul Hawthor					
		(Name of Person)				
			ishing , LLC					
		•	(Firm/Company	,				
		454 Manager DD						
		454 Macgregor RD.	(Address)			Ma	<u> </u>	
			(reduces)					
	W	/inter Springs, Fl. 32708						
			/State and Zip (Code)				
For fu	ther information	concerning this matter, please	call:					
	P. Paul	Hawthorne	at (407	× 327-4336/3	321-231-8495			
		of Person)		Code & Daytime To				
Enclos	sed is a check fo	or the following amount:						
5 \$125	5.00 Filing Fee		Certified (O Filing Fee & Copy opy is enclosed)	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	LA	2005 FEB -2	•
		ET ADDRESS: ration Section		MAILING A Registration S			72	
Division of Corporations			Division of Co	orporations	FLC	PN 2: 0		
	409 E.	Gaines Street		P.O. Box 6327	7	三三	<u></u>	

Tallahassee, Florida 32314

Tallahassee, Florida 32399

Paul Hawthorne 454 Macgregor Rd. Winter Springs, Fl. 32708 Hm.407-327-4336 Wk. 321-231-8495

To Whom It May Concern:

I have enclosed all of the necessary information to form the company S&H Publishing LLC. I look forward to hearing form you in the very near future.

Best Regards,

Paul Hawthorne



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Comp	pany is:
•	
S&H PUDII	shing, LLC.
ARTICLE II - Address: The mailing address and street address of	of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
454 Macgregor Rd.	454 Macgregor Rd.
Winter Springs, Fl. 32708	Winter Springs, Fl. 32708
	and the first of the second of
454 Ma	ul Hawthorne Name acgregor Rd. street address (P.O. Box NOT acceptable)
	y, State, and Zip
liability company at the place design registered agent and agree to act in this statutes relating to the proper and com accept the obligations of my position	t and to accept service of process for the above stated limited ated in this certificate, I hereby accept the appointment as capacity. I further agree to comply with the provisions of all aplete performance of my duties, and I am familiar with end as registered agent as provided for in Chapter 608 F.S.

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

<u>Title:</u>	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Member	
"MGR"	P. Paul Hawthorne
	Winter Springs, Fl. 32708
	454 MACGROGAR RD
"MGR"	Steven R. Grey
	222 Tuskege ST.
	Sanford, Fl. 32771
	Odmord, 11. 02711
· .	
(Use attachment if necessary) NOTE: An additional article mus	t be added if an effective date is requested.
REQUIRED SIGNATURE:	
	- 11 - 71
Hite.	Hathone
Signature of a memb	per or an authorized representative of a member.
(In accordance with so of this document cons that the facts stated	ection 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury herein are true.)
	P. Paul Hawthome
T	yped or printed name of signee
Filing Fees:	
	autimation and Destruction
\$125.00 Filing Fee for Articles of Orgation of Registered Agent	survition and Designation
\$ 30.00 Certified Copy (Optional)	
\$ 5.00 Certificate of Status (Optiona	ıl)

2005 FEB -2 PH 2: 03