

L05000014518

(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:

Name
Availability

Document
Examiner

Doc

Updated

Doc

Office Use Only

W. P. Vermyer

Doc



800045703988

02/07/05--01061--028 **130.00

2005 FEB -1 P 3:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HAPPY HOOKER LURE COMPANY, 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:

BECKY JO HOFFMAN
(Name of Person)

YOST TAX AND ACCOUNTING SERVICES
(Firm/Company)

20372 E. PENN. AVE, SUITE B
(Address)

DUNNELLON, FL 34432
(City/State and Zip Code)

For further information concerning this matter, please call:

BECKY JO HOFFMAN at (352) 465-5040
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee ☒ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (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

RECEIVED
TALLAHASSEE, FLORIDA
JAN 11 2005

2005 JAN 11 P 3:00

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

HAPPY HOOKER LURE COMPANY, 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:

6578 W. RIVERBEND ROAD P.O. Box 2592
DUNNELLON, FL DUNNELLON, FL
34433 34433

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

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

BOB
ROBERT W. FORMANEK
Name
6578 W. RIVERBEND ROAD
Florida street address (P.O. Box NOT acceptable)
DUNNELLON FL 34433
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.

Bob W. Formanek
Registered Agent's Signature

FILED
2015 FEB - 1 P 3:00
CLERK OF STATE
TALLAHASSEE, FLORIDA

(CONTINUED)

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:

MGR

BOB
ROBERT W. FORMANEK
P.O. BOX 2592
DUNNELLON, FL 34430

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

Bob W. Formanek
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.)

BOB
ROBERT W. FORMANEK
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)

2005 FEB -7 P 3:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED