

L050000 25248

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

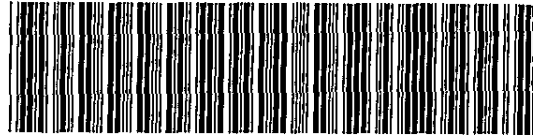
(Business Entity Name)

(Document Number)

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U.S. DEPT. OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: H & S DOCK REPAIRS, 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:

CHRIS HEGEDUS OR BRIAN SMITH
(Name of Person)

H & S DOCK REPAIRS, LLC.
(Firm/Company)

1655 COPENHAVER ROAD
(Address)

FORT PIERCE, FL 34945
(City/State and Zip Code)

For further information concerning this matter, please call:

CHRIS HEGEDUS at (772) 201-6933
(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 &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$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

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TALLAHASSEE, FL
SECRETARY OF STATE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

H & S DOCK REPAIRS, LLC.

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

H & S DOCK REPAIRS, LLC.
1655 COPENHAVER ROAD
FORT PIERCE, FL 34945

Mailing Address:

SAME

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

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

BRIAN SMITH

Name

474 WATERS DRIVE

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

FORT PIERCE, FL 34948

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

(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

BRIAN SMITH

474 WATERS DR.

FORT PIERCE, FL 34948

MGR

CHRIS HEGEDUS

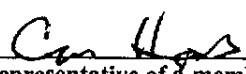
1321 PEPPERTREE TRAIL UNIT D

FORT PIERCE, FL 34950

(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.)

BRIAN SMITH

OR

CHRIS HEGEDUS

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)

SECRET
TALLAHASSEE, FLORIDA

2005 MAR 11 PM 1:05

11:05 AM