

LOS 000027385

2005 MAR 14 P 2:42

SECRET
OFFICE OF STATE
ILLIANA COE, FL



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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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TO: Registration Section
Division of Corporations

2005 MAR 14 P 2:43

SUBJECT: Hopman Investments, LLC
(Name of Limited Liability Company)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Cheryl S. Hopman
(Name of Person)

(Firm/Company)

176 Winged Elm Circle
(Address)

Aiken, SC 29803
(City/State and Zip Code)

For further information concerning this matter, please call:

Cheryl S. Hopman at (803) 642-4471
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|---|---|---|---|
| <input checked="" 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 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

ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

FILED

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

2005 MAR 14 P 2:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Hopman Investments, 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:

16742 Porter Avenue

16742 Porter Avenue

Montverde, FL 34756

Montverde, FL 34756

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
The name and the Florida street address of the registered agent are:

Jon A. Hopman

Name

16742 Porter Avenue

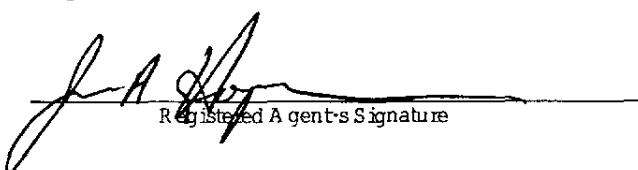
Florida street address (P.O. Box NOT acceptable)

Montverde,

FLORIDA 34756

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, Florida Statutes..


Registered Agent's Signature

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

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

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2005 MAR 14 P 2:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Title:

Name and Address:

"MGR" = Manager

"MGMR" = Managing Member

MGR

Jon A. Hopman

16742 Porter Avenue

Montverde, FL 34756

MGMR

Mindy Hopman

16742 Porter Avenue

Montverde, FL 34756

MGMR

Cheryl S. Hopman

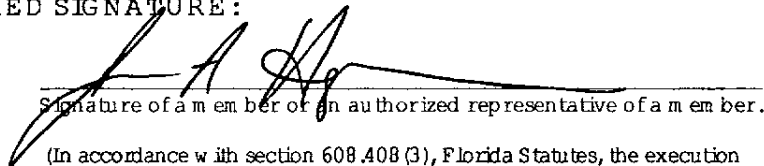
176 Winged Elm Circle

Aiken, SC 29803

(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.)

Jon A. Hopman

Typed or printed name of signee

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)