

L050000 45549

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

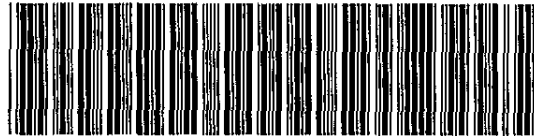
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/03/05--01045--017 **155.00

FILED
MAY -3 2005
10:58
FBI - TAMPA

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HINOTE UTILITIES, 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:

JUSTIN HINOTE

(Name of Person)

HINOTE UTILITIES, LLC

(Firm/Company)

6933 MARTIN ROAD

(Address)

MILTON, FL 32570

(City/State and Zip Code)

For further information concerning this matter, please call:

JUSTIN HINOTE

(Name of Person)

at (850) 232-7198

(Area Code & Daytime Telephone Number)

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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MAY 11 2004
SECTION 1
MAY 11 2004

05 MAY - 3 PM 10:58

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

HINOTE UTILITIES, LLC

ARTICLE II - Address:

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

Principal Office Address:

6933 MARTIN ROAD

MILTON, FL 32570

Mailing Address:

6933 MARTIN ROAD

MILTON, FL 32570

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

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

JUSTIN HINOTE

Name

6933 MARTIN ROAD

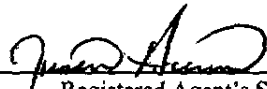
Florida street address (P.O. Box **NOT** acceptable)

MILTON

FL 32570

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)

FILED
05 MAY -3 AM 10:59
TALLAHASSEE
STATE
OFFICE

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

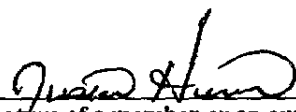
Name and Address:

MGRM	JUSTIN HINOTE
_____	6933 MARTIN ROAD
_____	MILTON, FL 32570
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

(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.)

JUSTIN HINOTE

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)

FILED
05 MAY -3 07:10:59
STATE
PALM BEACH COUNTY