

LOS 000053064

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

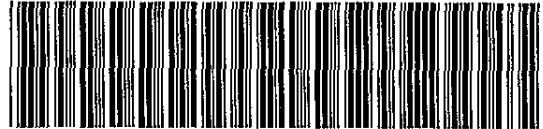
(Document Number)

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Special Instructions to Filing Officer:

W05-16968 610

Office Use Only



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05 MAY 17 PM 2:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

April 4, 2005

AUBURNDALE BOOKKEEPING & TAX SERVICE
335 HAVENDALE BLVD.
AUBURNDALE, FL 33823

SUBJECT: HOPE LLC
Ref. Number: W05000016968

We have received your document for HOPE LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A post office box is not an acceptable address for the registered agent.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6890.

Jason Merrick
Document Specialist

Letter Number: 805A00022750

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: Hope LLC

(Proposed corporate name must include suffix)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee &
Certificate of
Status

☒ \$125.00
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05 MAY 17 PM 2:18

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FROM:

Auburn Lake Bookkeeping + Tax Service
Name (Printed or typed)

335 Haven Lake Blvd
Address

Auburn Lake, FL 33823
City, State & Zip

888-565-1161
Daytime Telephone number

NOTE: Please provide the original and one copy of the articles

ARTICLES OF ORGANIZATION

Hope LLC

A LIMITED LIABILITY COMPANY

(Pursuant to Chapter 608, Florida Statutes)

1. **Name.** The name of the limited liability company is Hope LLC.
2. **Purpose.** The purpose of this limited liability company may include the transaction of any and all lawful business for which limited liability companies may be organized in the state of Florida.
3. **Address of Principal Office.** The street address of the principal office of the limited liability company is:

307 Eagle Lake Loop Rd West Winter Haven, FL 33880
4. **Mailing Address.** The mailing address of the limited liability company is:

PO Box 1032 Eagle Lake, FL 33839
5. **Management.** The limited liability company is to be managed by one or more members and is, therefore, a member-managed company.
6. **Registered Agent, Registered Office, and Registered Agents Signature.** The name and the Florida street address of the registered agent is:


Debra Meadows
335 Havendale Blvd
Auburndale, FL 33823

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.

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TALLAHASSEE, FLORIDA


Debra Meadows

7. **Effective Date.** The effective date of the limited liability company shall be the date of filing unless otherwise stated below:


Debra Meadows
Member

(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true and correct.)

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TALLAHASSEE, FLORIDA