

L05000054002

(Requestor's Name)

DONALD ROBERT WEEKS, CPA, P.A.

1405 Park Avenue, Suite 102  
Fernandina Beach, Florida 32034

(City/State/Zip/Phone #)

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

J. BRYAN JUN - 1 2005

DONALD ROBERT WEEKS, CPA, P.A.

May 20, 2005

**CONFIDENTIAL**

Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**SUBJECT: HADAMIK REALTY, L.L.C.**

To Whom It May Concern:

Enclosed please find the original and one copy of the executed Articles of Organization for Hadamik Realty, L.L.C..

Please return the stamped copy and all correspondence concerning this matter to the following:

Donald Robert Weeks  
Donald Robert Weeks, C.P.A., P.A.  
1405 Park Avenue, Suite 102  
Fernandina Beach, Florida 32034

Also, enclosed please find a check in the amount of \$125.00 for the filing fee.

If you have any questions or if you need any additional information, you may call me at (904) 206-4370.

Thank you for your attention to this matter.

Sincerely,



Rob Weeks

Enclosures

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TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I – Name:**

The name of the Limited Liability Company is:

**HADAMIK REALTY, L.L.C.**

**ARTICLE II – Address:**

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

**Principal Office Address:**

26 Ladyfish Street  
Ponte Vedra Beach, Florida 32082

**Mailing Address:**

26 Ladyfish Street  
Ponte Vedra Beach, Florida 32082

**ARTICLE III – Registered Agent, Registered Office, & Registered Agent's Signature:**

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

Donald Robert Weeks  
Donald Robert Weeks, C.P.A., P.A.  
1405 Park Avenue, Suite 102  
Fernandina Beach, Florida 32034

*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

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TALLAHASSEE, FLORIDA

**ARTICLE IV – Manager(s) or Managing Member(s):**

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

**Title:**

**Name and Address:**

MGRM

David Lawrence Hagel  
26 Ladyfish Street  
Ponte Vedra Beach, Florida 32082

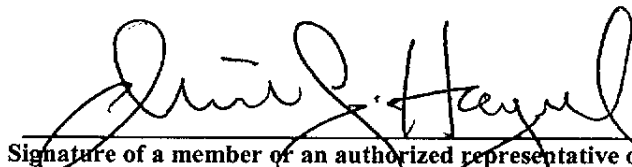
MGRM

Michael Joseph Hagel  
86133 Montauk Drive  
Fernandina Beach, Florida 32034

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TALLAHASSEE, FLORIDA

**REQUIRED SIGNATURE:**

EXECUTED this 20<sup>th</sup> day of MAY, 2005.

  
\_\_\_\_\_  
Signature of a member of an authorized representative of a member.

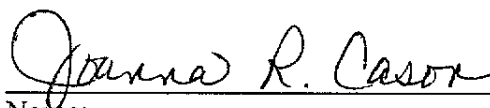
(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

\_\_\_\_\_  
Michael Joseph Hagel

STATE OF FLORIDA

COUNTY OF NASSAU

The foregoing instrument was acknowledged before me this 20<sup>th</sup> day of May, 2005, by Michael Joseph Hagel, who is personally known to me or who presented Fl. Drivers License as identification and who did take an oath.

  
\_\_\_\_\_  
Name:

Notary Public, State of Florida  
My Commission Expires:

