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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Culligan JUN 22 2005

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Florida High Hopes, 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:

Lisa Cochran
(Name of Person)

Florida High Hopes, LLC
(Firm/Company)

36 Walter Martin Rd. N.E.
(Address)

Fort Walton Beach, FL. 32548
(City/State and Zip Code)

For further information concerning this matter, please call:

Lisa Cochran at (850) 244-4010
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Florida High Hopes, 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:

36 Walter Martin Rd NE. same
Fort Walton Beach
Florida 32548

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

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

Lisa Cochran
Name

48 NE. Ferry Rd.
Florida street address (P.O. Box NOT acceptable)
Fort Walton Bch FL 32548
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..

Lisa Cochran
Registered Agent's Signature

(CONTINUED)

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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:

President

Mark Stir
171 Durango Road
Destin, FL 32541

Vice President

Julie Stir
171 Durango Road
Destin, FL 32541

Treasurer

Lisa Cochran
48 N.E. Ferry Rd
Fort Walton Beach, FL 32548

Secretary

Connie Scarbrough
102 Karly Lane
Fort Walton Beach, FL 32547

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

Lisa Cochran

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.)

Lisa Cochran

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)