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SECRETARY OF STATE STATE OF CORPORATIONS OF AIR AIR -8 PM 3: 08

TRANSMITTAL LETTER

TO: Registration Se Division of Co			
SUBJECT: HOY	sley and A	Sociates,	LLC
The enclosed Articles of Organization and fee(s) are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
Errest W. Horsley (Name of Person)			
	O	Firm/Company)	
5760 Surrey Circle East (Address)			
Dayie, ft. 33331 (City/State and Zip Code)			
For further information	concerning this matter, please	call:	
Clary Hors	SICY of Person)	at (305) 970 (Area Code & Daytime To	elephone Number)
Enclosed is a check fo	r the following amount:		
□ \$125.00 Filing Fee	☐ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	
Regist	ET ADDRESS: ration Section on of Corporations	MAILING A Registration S Division of Co	ection

409 E. Gaines Street Tallahassee, Florida 32399 P.O. Box 6327 Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Name:
he Limit

The name of the Limited Liability Company is:

Horsley and Associates, 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:

5760 Survey Circle F. Davie, Ft. 33331

5760 Surrey Circle F. Davie, Fr. 33331

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

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

W. HOYSICY Name

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

Davic FL 33331

PM 3: 08

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)

Page 1 of 2

Time: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Ernes W. Horsel 5760 Survey Civele E. Davie, Fr. 33331
	
	

(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(1), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

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)