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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations		
SUBJECT: H. and H. Enterprises L.L.C. (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:		
Mark Harris (Name of Person)		
H. and H. Enterprises L.L.C (Firm/Company)		
9537 Scottsdale Rd.		
Tallahassee, F1 32305 (City/State and Zip Code)		
For further information concerning this matter, please call:		
Mark Harris at (850) 251-979 (Area Code & Daytime Telephone Number)		
Enclosed is a check for the following amount:		
□ \$125.00 Filing Fee □ \$130.00 Filing Fee & □ \$155.00 Filing Fee & □ \$160.00 Filing Fee, Certificate of Status		

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Hand H Enterprises LL.C.

ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is:

District 1055 - Address:

Principal Office Address:	Mailing Address:
9537 Scottsdale Rd.	9537 Scottsdale Rd
Tallahassee, FC 32305	Tallahassee, Fc 32305

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

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

| Mark farris | AHF 05 |
| Name | ASS 23 |
| Florida street address (P.O. Box NOT acceptable) | Florida street address (P.O. Box NOT acceptable) | 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)

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

The manufacture of the state of	· () y
Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Judy Harris 9537 Scottsdale Rd Tallahassee, FL 32305
(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 of this document constitutes that the facts stated herein	608.408(3), Florida Statutes, the execution an affirmation under the penalties of perjury

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)

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