

L050000099455

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600060143896

FILED

05 OCT 10 PM 2:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

05 OCT 10 AM 9:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 641675 83838A

AUTHORIZATION :

COST LIMIT : \$ 155.00

Patricia Pigato

ORDER DATE : October 7, 2005

ORDER TIME : 5:08 PM

ORDER NO. : 641675-005

CUSTOMER NO: 83838A

FILED
05 OCT 10 PM 2:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOMESTIC FILING

NAME: HOFFCHOC, LLC

XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY

CONTACT PERSON: Susie Knight - EXT. 2956

EXAMINER'S INITIALS: _____

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

ARTICLE I - Name

The name of the Limited Liability Company is: **HOFFCHOC, LLC**

ARTICLE II - Address

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

5190 Lake Worth Road
Greenacres, Florida 33463

ARTICLE III - Duration

The period of duration for the Limited Liability Company shall be: perpetual.

ARTICLE IV - Management

The Limited Liability Company is to be managed by the members and the names and addresses of the members are:

Sandra A. Hoffman
5190 Lake Worth Road
Greenacres, Florida 33463

ARTICLE V - Additional Members

Additional members to the Limited Liability Company may be admitted, but only if all the current members agree to the admission of the additional members and to the terms of admission.

ARTICLE VI - Termination of Membership

If a member of the Limited Liability Company dies, retires, resigns, is expelled, is dissolved, experiences bankruptcy, or upon the occurrence of any other event which terminates the continued membership of a member in the Company, the remaining members may, by unanimous written agreement, continue the business of the Company.

FILED
05 OCT 10 PM 2:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VII - Operation

The members shall have the power to adopt, alter, amend or repeal operating regulations of the Company containing provisions for the regulation and management of the affairs of the Company.

ARTICLE VII - Date of Existence

The existence of the Company shall commence on the date of filing the Articles of Organization by the Florida Department of State.


N WITNESS WHEREOF, the undersigned member has executed these Articles of Organization this 7th day of October, 2005.


Sandra A. Hoffman

STATE OF FLORIDA)
) SS:
COUNTY OF PALM BEACH)

BEFORE ME, a Notary Public authorized to take acknowledgments in the State and County set forth above, personally appeared SANDRA A. HOFFMAN, known to me to be the person who executed the foregoing Articles of Organization on behalf of the Company, who is personally known to me or provided a Florida drivers license as proof of identification, and she swore before me that she executed those Articles of Organization.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, in the State and County aforesaid, this 7th day of October, 2005.


NOTARY PUBLIC, STATE OF FLORIDA

My Commission Expires:



REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: **HOFFCHOC, LLC**
2. The name and address of the registered agent and office is:

Sandra A. Hoffman
5190 Lake Worth Road
Greenacres, Florida 33463

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.


Sandra A. Hoffman
Date: 10/7/05