## L05000110907

| •                                       |
|---|
| (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



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## **COVER LETTER**

| TO: Registration Se<br>Division of Co. |   |   | ·   | ·  |
|--|---|---|---|--|
| SUBJECT: HGT L                         | JNLIMITED, LLC<br>(Name of Limited  | d Liability Compa                                   | ny)   |  |
| The enclosed Articles of               | f Organization and fee(s) are so  | ubmitted for filing                                 |   |  |
| Please return all corresp              | ondence concerning this matte   | r to the following:                                 | ;   |  |
| Heriberto                              | Gonzalez  |   |   |  |
| <del></del>                            | (î  | Name of Person)                                     |   | -  |
| HGT UNL                                | IMITED, LLC   |   |   |  |
|  | (   | Firm/Company)                                       |   | ·  |
| 14620 Tu                               | Illamore Loop   |   |   |  |
|  |   | (Address)   |   |  |
| Winter G                               | arden, FL 3478  | 7   | _   |  |
| (City/State and Zip Code)              |   |   |   |  |
| For further information                | concerning this matter, please  | call:   |   |  |
| Heriberto Gonzalez                     |   | at (407<br>(Area Code                               | 580-54  | 00   |
| (Name                                  | of Person)  | (Area Code  | & Daytime T   | elephone Number)   |
| Enclosed is a check for                | or the following amount:  |   |   |  |
| [] \$125.00 Filing Fee                 | \$130.00 Filing Fee & Certificate of Status   | \$155.00 Fi<br>Certified Copy<br>(additional copy i | 1   | \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|  | Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Registrati<br>Division<br>Clifton B<br>2661 Exe     | ourier Addression Section of Corporation uilding secutive Center ee, FL 32301 | ons<br>Circle  |

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

| The name of the Limited Liability Company is:   |  |  |  |  |
|---|--|--|--|--|
| HGT UNLIMITED, LLC (Must end with the words "Limited Liability Company, "Limited  | d Company" or their abbreviation "LLC," or "L.C.,")  |  |  |  |
| ARTICLE II - Address: The mailing address and street address of the pri   | incipal office of the Limited Liability Company is:  |  |  |  |
| Principal Office Address:   | Mailing Address:   |  |  |  |
| 14620 Tullamore Loop<br>Winter Garden, FL 34787   | 14620 Tullamore Loop<br>Winter Garden, FL 34787  |  |  |  |
| ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.) | ered Agent. You must designate an individual or another  |  |  |  |
| The name and the Florida street address of the registered agent are:  |  |  |  |  |
| Heriberto Gonzalez  Name  |  |  |  |  |
| 14620 Tullamore Loop  | <u>Q</u>   |  |  |  |
|   | The state of the s |  |  |  |
| Winter Garden City, State, a  | rL 34787<br>and Zip  |  |  |  |
|   | accept service of process for the above stated limited<br>his 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..

(CONTINUED)
Page 1 of 2

Registered Agent's Signature (REQUIRED)

## 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:  |  |  |
|---|--|--|--|
| "MGR" = Manager "MGRM" = Managing Member  |  |  |  |
| MGRM  | Heriberto Gonzalez<br>14620 Tullamore Loop<br>Winter Garden, FL 34787                  |  |  |
|   |  |  |  |
|   |  |  |  |
|   | •  |  |  |
| ••••  |  |  |  |
| (Use attachment if necessary)   |  |  |  |
| ARTICLE V: Effective date, if other than the (If an effective date is listed, the date must be to or 90 days after the date of filing.) | date of filing: (OPTIONAL) e specific and cannot be more than five business days prior |  |  |
| REQUIRED SIGNATURE:   | 7.0  |  |  |

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 penaltics of perjury that the facts stated herein are true.)

Heriberto Gonzalez

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)