

L05000116062

(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:

Name
Availability

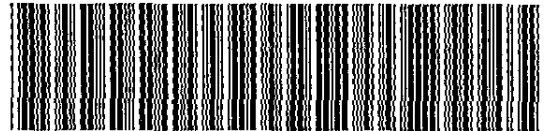
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2005 DEC -1 P 2:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Date: November 29, 2005

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Charles F.T. Hadel, LLC
Name of Limited Liability Company

Gentlemen:

Enclosed please find the original and one copy of the Articles of Organization.

The payment represents the fees for filing and for a Certificate of Status.

Please send all correspondence concerning this matter to the address below. Thank you.

Very truly yours,


Charles F. T. Hadel

MAILING ADDRESS

Charles F.T. Hadel, LLC
2443 Dubois Ave.
Spring Hill, FL 34609

SECRETARY OF STATE
TALLAHASSEE, FL 32314

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1- Name:

The name of the Limited Liability Company is:

CHARLES F.T. HADEL, LLC

ARTICLE II- Address:

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

Principle Office Address:

**2443 Dubois Ave.
Spring Hill, FL 34609**

Mailing Address:

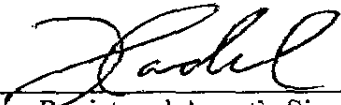
**2443 Dubois Ave.
Spring Hill, FL 34609**

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

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

**Charles F.T. Hadel
2443 Dubois Ave.
Spring Hill, FL 34609**

Having been named as registered agent and to accept service of process for the above state 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

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TALLAHASSEE, FLORIDA

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(CONTINUED)

ARTICLE IV – Manager(s) and 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:

MGRM

**Charles F.T. Hadel
2443 Dubois Ave.
Spring Hill, FL 34609**

MGRM

**Jacqueline Hadel
2443 Dubois Ave.
Spring Hill, FL 34609**

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

Charles F.T. Hadel

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)

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CLERK OF STATE
TALLAHASSEE, FLORIDA

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