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(Requestor's Name)			
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PICK-UP WAIT MAIL			
、 (Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			

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TO:

Registration Section

Division of Corporations				
SUBJECT: James M Hoffman LLC				
		d Liability Company)		
The enclosed Articles of C	organization and fee(s) are s	ubmitted for filing.		
Please return all correspon	dence concerning this matte	r to the following:		
James Hof	fman			
	(I	Name of Person)		-
James M F	loffman LLC			
	(Firm/Company)		
PO BOX 8	86455		SEC TALL	1 7 #5™
		(Address)	AH C	ך כ איי
Madeira Beach FL 33738-6455				
	(City/	State and Zip Code)	्राह्म स्टि	X.
(City/State and Zip Code) For further information concerning this matter, please call:				
			Ď	
James Hoffman		at (727) 394-717		
(Name of	Person)	(Area Code & Daytime Te	lephone Number)	
Enclosed is a check for t	he following amount:			
	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:					
James M Hoffman LLC (Must end with the words "Limited Liability Company, "L	.imited Company" or their abbreviation "LLC," or "L.C.,")				
ARTICLE II - Address: The mailing address and street address of th	e principal office of the Limited Liability Company is:				
Principal Office Address:	Mailing Address:				
15910 Redington Drive Redington Beach FL 33708	PO BOX 86455 Madeira Beach FL 33738-6455				
	ered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another The registered agent are:				
Na	ame				
15910 Redington Dr Florida stree	rive t address (P.O. Box NOT acceptable)				
Redington Beach City, Sta	FL 33708 ate, and Zip				
liability company at the place designated registered agent and agree to act in this cap statutes relating to the proper and complete	I to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as acity. I further agree to comply with the provisions of all be performance of my duties, and I am familiar with and registered agent as provided for in Chapter 608, F.S				

(CONTINUED) Page 1 of 2 OT OT OT

The name and address of each Manager or Managing Member is as follows: Name and Address: "MGR" = Manager "MGRM" = Managing Member **MGRM** James Hoffman PO BOX 86455 Madeira Beach FL 33738-6455 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: 1 January 2006 . (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) **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.) James Hoffman Typed or printed name of signee Filing Fees:

ARTICLE IV- Manager(s) or Managing Member(s):

Page 2 of 2

\$125.00 Filing Fee for Articles of Organization and Designation

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)