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SECRE MANSSEE, FLORIDA

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COVER LETTER

Registration Section

TO:

Division of Corporations	
SUBJECT: HCC Cattle & Construction L	.L.C.
	d Liability Company)
The enclosed Articles of Organization and fee(s) are s	submitted for filing.
Please return all correspondence concerning this matter	er to the following:
Holly Huffman	(Name of Person)
•	ivame of Person;
HCC Cattle & Construction L.L	
	(Firm/Company)
18085 N. Commonwealth Av	re.
	(Address)
Polk City, Florida 33868	
- (Cit	y/State and Zip Code)
For further information concerning this matter, please	e call:
Holly Huffman	at / 863 224-2180
(Name of Person)	at (863 224-2180 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed) S155.00 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 Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

HCC Cattle & Construction L.L.C. (Must end with the words "Limited Liability Compa	any, "Limited Company" or their abbreviation "LLC," or "L.C.,")	- + .
ARTICLE II - Address:		
The mailing address and street address	of the principal office of the Limited Liability Co	mpany is:
Principal Office Address:	Mailing Address:	
18085 N. Commonwealth Ave.	18085 N. Commonwealth Ave.	
Polk City, Florida	Polk City, Florida	
33868	33868	_
the Limited Liability Company cannot serve as its business entity with an active Florida registration.) The name and the Florida street addres Holly Huffman	P. S.	FIL 5 JAN 23
	Name	PA ED
	70	ું જુ
18085 N. Commor Florida	nwealth Ave. a street address (P.O. Box NOT acceptable)	2: 20
	a street address (P.O. Box NOT acceptable)	. 20 ATE

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 Agoni Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

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

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

Holly Huffman 18085 N. Commonwealth Ave. Polk City, Florida 33868 Bruce Pope 2848 Fletcher Ave. Lakeland, Florida 33803 Wayne Steinard 3921 Country Place
18085 N. Commonwealth Ave. Polk City, Florida 33868 Bruce Pope 2848 Fietcher Ave. Lakeland, Florida 33803 Wayne Steinard 3921 Country Place
Polk City, Florida 33868 Bruce Pope 2848 Fietcher Ave. Lakeland, Florida 33803 Wayne Steinard 3921 Country Place
Bruce Pope 2848 Fletcher Ave. Lakeland, Florida 33803 Wayne Steinard 3921 Country Place
2848 Fietcher Ave. Lakeland, Florida 33803 Wayne Steinard 3921 Country Place
Wayne Steinard 3921 Country Place
Wayne Steinard 3921 Country Place
3921 Country Place
3921 Country Place
Winter Haven, Florida 33880
ate of filing: (OPTIONAL)
specific and cannot be more than five business days pr
or an abshorized representative of a member.

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

that the facts stated herein are true.)

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

ECKELDAT J. STATE

of this document constitutes an affirmation under the penalties of perjury

Typed or printed name of signee