

LO6000011807

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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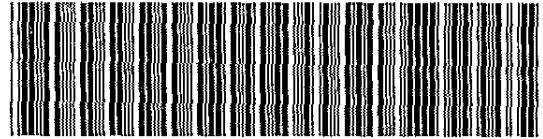
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Culligan FEB - 2 2006

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HONDNICA, LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

AMY ROA

(Name of Person)

NA

(Firm/Company)

8146 SANTILLO DRIVE

(Address)

JACKSONVILLE, FL. 32217

(City/State and Zip Code)

For further information concerning this matter, please call:

AMY ROA

(Name of Person)

at (904) 234-1287

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee

☐ \$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)

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:

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

ARTICLES OF ORGANIZATION
OF
HONDNICA, **LLC**

The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, F.S. Chapter 608, hereby make, acknowledge, and file the following Articles of Organization.

ARTICLE I - NAME

The name of the limited liability company shall be HONDNICA, LLC,
("company").

ARTICLE II - ADDRESS

The mailing address and street address of the principal office of the company is
8146 SANTILLO DRIVE JACKSONVILLE FL 32217

ARTICLE III - REGISTERED OFFICE AND AGENT

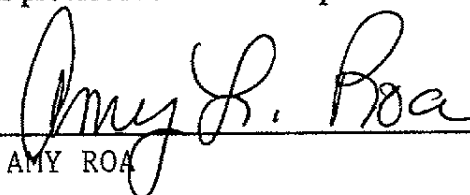
The name and street address of the registered agent of the company in the state of Florida is:

AMY ROA

8146 SANTILLO DRIVE

JACKSONVILLE, FL. 32217

Having been named as registered agent and to accept service of process for the above named limited liability company at the place designated herein, I hereby accept 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 F.S. Chapter 608.


AMY ROA

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TALLAHASSEE, FLORIDA

ARTICLE IV - EFFECTIVE DATE

The effective date of the company shall be date of filing.

ARTICLE V - Managing Members

The name and address of each managing member is as follows:

Managing Members

AMY ROA

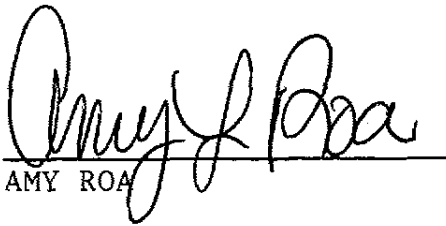
8146 SANTILLO DRIVE
JACKSONVILLE, FL. 32217

ALVARO A. ROA

8146 SANTILLO DRIVE
JACKSONVILLE, FL. 32217

ADALBERTO MERLOGODOY

8146 SANTILLO DRIVE
JACKSONVILLE, FL. 32217


AMY ROA

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