-06000019549

(Req	uestor's Name)
(Addi	ress)	
(Add	ress)	
(City/	State/Zip/Phor	ne #)
PICK-UP	☐ WAIT	MAIL.
(Busi	ness Entity Na	me)
(Doci	ıment Number)
Certified Copies	Certificate	s of Status
Special Instructions to Fi	ling Officer:	
		ļ

Office Use Only



300066185883

02/20/06--01062--024 **130.00

4 BRYMM FEB 2 2 2006

COVER LETTER

TO: Registration Se Division of Co			
SUBJECT: Ho	Name of Limited	ARENSON, L Liability Company)	4
The enclosed Articles of	f Organization and fee(s) are su	ibmitted for filing.	
	ondence concerning this matte		2006
Æ	Puss Hammer		E FE
	C	Name of Person)	2006 FEB 20 PM 3: 48 2016 FEB 20 PM 3: 48
	(Firm/Company)	ي. - ا
P. L	P. BOX 27212	(Address) (Ai Cla 33427 (State and Zip Code)	AND A
		(Address)	
Bock	RATON, FLO	Rida 33427	
	(City	/State and Zip Code)	
For further information	concerning this matter, please	call:	
Russ Ha	mmer	at (561) 2/2 -	-3682
(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 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 · Circle

ARTICLE I - Name: The name of the Limited Liability Company is: Home Front of Arenson, L.C. (Musi end with the words "Limited Liability Company, "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 Company is: Principal Office Address: | How I of the principal office of the Limited Liability Company is: | Mailing Address: | Mailing Address: | P.O. Box 272129 | | Boca Roson | Boca Roson | Florida 33486 | Florida 33427 | | Florida 33486 | Florida 33427 | P.O. Box 272127 | | Boca Roson | Florida 33486 | Florida 33427 | P.O. Box 272127 | | Boca Roson | Florida 33486 | Florida 33427 | P.O. Box 272127 | | Boca Roson | Florida 33486 | P.O. Box 272127 | P.O. Box 27

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

business entity with an active Florida registration.)

Russ Hammer

Name

1212 N. W. 16 Th STR66T

Florida street address (P.O. Box NOT acceptable)

Boca RoTon FL 33486

City, State, and Zip

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another

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 Agent's Signature (REQUIRED)

(CONTINUED) Page 1 of 2

Title:		Name and Address:	
"MGR" = Mana			TIME FEB 20 PM 3: TORIO
"MGRM" = Ma	naging Member	2	2 6
MER	·- 	KUSS HAMMER	- CO - CO
Mar		1212 N.W. 1618 STREST	<u> </u>
<i>M</i>		10CA (KAJON, FL. 19786	
Migh		SANDRA A. HAMMER	
		1212 N.W. 16TB STREET BOCA ROJON FL. 33486	
		DOCA KOLOW, +6. 13486	
			
(Use attachmen	t if necessary)		
•		date of filing	(OPTIONAL)
TICLE V: Effective	e date, if other than the o	date of filing: specific and cannot be more than five b	(OPTIONAL)
TICLE V: Effective	e date, if other than the cisted, the date must be	date of filing: specific and cannot be more than five b	(OPTIONAL)
TICLE V: Effective an effective date is li	e date, if other than the cisted, the date must be	date of filing: specific and cannot be more than five b	(OPTIONAL) ousiness days pr
TICLE V: Effective an effective date is line or 90 days after the o	e date, if other than the disted, the date must be date of filing.)	date of filing: specific and cannot be more than five b	(OPTIONAL) ousiness days pr
TICLE V: Effective an effective date is li	e date, if other than the disted, the date must be date of filing.)	date of filing: specific and cannot be more than five b	(OPTIONAL) ousiness days pr
TICLE V: Effective an effective date is line or 90 days after the o	e date, if other than the disted, the date must be date of filing.)	date of filing: specific and cannot be more than five b	(OPTIONAL) ousiness days pr
TICLE V: Effective an effective date is line or 90 days after the o	e date, if other than the disted, the date must be date of filing.) IGNATURE:	specific and cannot be more than five b	ousiness days pr
TICLE V: Effective an effective date is line or 90 days after the o	e date, if other than the disted, the date must be date of filing.) IGNATURE: Signature of a member	specific and cannot be more than five b	ousiness days pr
TICLE V: Effective an effective date is line or 90 days after the o	e date, if other than the clisted, the date must be date of filing.) IGNATURE: Signature of a member (In accordance with second this document constitution)	or an authorized representative of a member tion 608.408(3), Florida Statutes, the execution tutes an affirmation under the penalties of perjury	usiness days pr
TICLE V: Effective an effective date is line or 90 days after the o	e date, if other than the clisted, the date must be date of filing.) IGNATURE: Signature of a member (In accordance with second this document constituted in the facts stated here.)	or an authorized representative of a member tion 608.408(3), Florida Statutes, the execution tutes an affirmation under the penalties of perjury prein are true.)	usiness days pr
TICLE V: Effective an effective date is line or 90 days after the o	e date, if other than the clisted, the date must be date of filing.) IGNATURE: Signature of a member (In accordance with second this document constituted in the facts stated here.)	or an authorized representative of a member tion 608.408(3), Florida Statutes, the execution tutes an affirmation under the penalties of perjury	usiness days pr

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)