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(Requestor's Name)				
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<b>—</b>	-	-		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	of Status		
Special Instructions to Filing Officer:				
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# **COVER LETTER**

TO: Registration Se Division of Co				
SUBJECT: Hoiles	Height, LLC	_		
<del></del>	(Name of Limite	d Liability Company)		
The enclosed Articles of	f Organization and fee(s) are s	ubmitted for filing.		
Please return all corresp	ondence concerning this matte	r to the following:	فند	
Wade Wi			2006 FEB 23 PH 4: 21	
	0	Name of Person)	E B	
Wade Wil	son, C.P.A., P.A.		SSE P	
		Firm/Company)	7. 5	
1601 West Garden Street				
(Address)				
Pensacola, FL 32501				
(City/State and Zip Code)				
For further information	concerning this matter, please	call:		
Wade wilson		<sub>at (</sub> 850 ) 438-11	122	
	of Person)	(Area Code & Daytime		
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 Addresses Registration Section Division of Corporation Building 2661 Executive Center Tallahassee, FL 3230	ons er Circle	

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

Hoiles Height, L.L.C.

### ARTICLE II - Address:

MARKER CO PM 1:21 The mailing address and street address of the principal office of the Limited Liability Company is:

### Principal Office Address:

5553 Hwy 90 Pace, FL 32571 Pace, FL 32571

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

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

P.K. Garg Family, L.L.C. Name

5553 Hwy 90 Florida Street Address

Pace, FL 32571 City, State, and Zip Code

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..

P K Garj Registered Agent's Signature

(CONTINUED)

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

**MBR** 

MGRM

MGRM

Name and Address:

WAC, L.L.C 1601 West Garden Stree Pensacola, El. 32501

Michael Tracy 1335 Creighton Road Pensacola, FL 32504

P.K. Garg Family, L.L.C. 5553 Hwy 90 Pace, FL 32571

REQUIRED SIGNATURE:

P. K. Gars

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.)

Purushottam K. Gare Name of Signee