106000043916

(Requ	uestor's Name)	
(Addi	ess)	
(Addr	ess)	
(City/	State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Nam	ne)
(Доси	ıment Number)	
Certified Copies	Certificates	of Status
Special Instructions to Fi	_	_ LC

Office Use Only



400071300044

04/24/06--01044--010 **125.00





COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT:	H Group, L	LC_	<u></u>
	(Name of Limited	Liability Company)	
The enclosed Articles of	Organization and fee(s) are su	bmitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
Yva	onne A. Hu	int	
	(N	ame of Person)	
	(F	irm/Company)	
_2900	66th St. 1	Vorth Sui-	te B
	~	(Address)	
<u>St. </u>	Peters burg	, FL 33/	10
	(City)S	State and Zip Code)	
For further information of	oncerning this matter, please c	all:	
Yvonne		at (727) 347	1-7612
(Name o	of Person)	(Area Code & Daytime To	elephone Number)
Enclosed is a check for	the following amount:		
X\$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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:
Must 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: Mailing Address:
2900 66th St. North Ste:B 2900 66th St. N Suite B St. Petersburg, FL St. Petersburg, FL 33710
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 business entity with an active Florida registration.)
The name and the Florida street address of the registered agent are: Yonne Hun+ Name
2900 66th St. North Suite B Florida street address (P.O. Box NOT acceptable)
St. Petersburg, FL 33710 City, State, and Zip
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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Membe	Name and Address:
MGRM	Yvonne Hunt 2900 66th St. North Ste B St. Petersburg, FL 33710
Use attachment if necessary)	han the data of filling.
fective date is listed, the date i	han the date of filing: (OPTION must be specific and cannot be more than five business dates
fective date is listed, the date in days after the date of filing.)	
fective date is listed, the date is days after the date of filing.) REQUIRED SIGNATURE: Signature of a	

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)