W6000047304

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
. (Bu	siness Entity Nar	ne)
` . (Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



600071527586

04/28/06--01014--015 **125.00



We-47304

COVER LETTER

TO: Registration Se Division of Co		en e	* * * * * * * * * * * * * * * * * * *	
SUBJECT: FIR		Hok Holding d Liability Company)	15, LLC	
The enclosed Articles of	f Organization and fee(s) are so	ubmitted for filing.		
Please return all corresp	ondence concerning this matte	r to the following:		
	alan St	Name of Person)		a.
	alan m	Story Firm/Company)		
	3930	SZ OUF	- · · ·	
	Brada	State and Zip Code)	34208 E	er.
For further information	concerning this matter, please		SU208 APR 28 SECRETARY SECRETARY	ī
<u> </u>	of Person)	at (Area Code & Daytime T	G-StoyFes 3: delephone Number)	1
Enclosed is a check for	or the following amount:		<i>y</i>	
\$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	ons r Circle	

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 "U.C," 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:

2840 manateares 2840 manateares Beadonton, FL34208 Bradonton, FL34208

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 mother business entity with an active Florida registration.)

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

Name

Florida street address (P.O. Box NOT acceptable BRACONDOX), FL 34208

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

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MCCR	Jeff Hassen Yugos 9th Ave E Brackenton, FL34208
(Use attachment if necessary) ARTICLE V: Effective date, if other than the di	ate of filing: (OPTIONAL)
(If an effective date is listed, the date must be to or 90 days after the date of filing.)	specific and cannot be more than five business days prior
REQUIRED SIGNATURE: Signature of a member	SSEEL FL
(In accordance with section of this document constituent that the facts stated here.)	ton 608.408(3), Florida Statutes, the execution ates an affirmation under the penalties of perjury rein are true.)
Type Filing Fees:	ed or printed name of signee

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

- \$ 5.00 Certificate of Status (Optional)