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(Re	equestor's Name)			
(Ad	ldress)			
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<i>(</i> ,	(dic33)			
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				

Office Use Only



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COVER LETTER

TO:	Registration Se Division of Co				
SUBJI	ECT:	Hoy Proper (Name of Limite	ties, L.C.C. d Liability Company)		
The en	closed Articles o	f Organization and fee(s) are s	ubmitted for filing.		
Please	return all corresp	oondence concerning this matte	er to the following:		
		Dena	Name of Person)		
	Hoy Properties, L.C. (Firm/Company)				
	1027 Pinehurst Court (Address)				
			. 32765 /State and Zip Code)		
For fur	ther information	concerning this matter, please			
	Dena (Name	of Person)	at (407) 797 (Area Code & Daytime T	-8755 elephone Number)	
Enclos	sed is a check fo	or the following amount:			
] \$125	6.00 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 Corporatio Clifton Building 2661 Executive Center	ns	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:				
The name of the Limited Liability Comp	pany 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 o	of the principal office of the Limited Liability Company is			
Principal Office Address:	Mailing Address:			
1027 Pinehurst Court Oviedo, FC. 32765				
	gistered Office, & Registered Agent's Signature: wn Registered Agent. You must designate an individual or another of the registered agent are:			
Den	Name Y			
	Name 3			
1027 Pine Florida s	2 hunt. Caurt street address (P.O. Box NOT acceptable)			
<u>Ovie</u> City	do, FL 32765 V, State, and Zip			
liability company at the place designate registered agent and agree to act in this	and to accept service of process for the above stated limited ated in this certificate, I hereby accept the appointment as capacity. I further agree to comply with the provisions of al plete performance of my duties, and I am familiar with and			

(CONTINUED) Page 1 of 2

Registered Agent's pignature (REQUIRED)

accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

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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 MGR Stepten M. Hoy 1027 Pinthurst Court Oviedo, Fc. 32765 MGR Dena Hoy 1027 Pinthurst Court Oviedo, Fc. 32765 MGR Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior

REQUIRED SIGNATURE:

to or 90 days after the date of filing.)

Signature of a member of 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.)

Stephen M. Hoy
Typed or printed pame of signee

Filing Fees:

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

\$ 5.00 Certificate of Status (Optional)

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