

LD6000072620

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H06000184744 3)))



H060001847443ABC1

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850) 203-0383

From: Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305) 599-0839
Fax Number : (305) 716-0346

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

06 JUL 21 AM 8:35

FILED

RECEIVED

06 JUL 21 AM 9:37

DIVISION OF CORPORATIONS

FLORIDA/FOREIGN LIMITED LIABILITY CO.

HANNITY HOMES, LLC.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

Help



July 21, 2006

FLORIDA DEPARTMENT OF STATE
Division of Corporations

FAS-T

SUBJECT: HANNITY HOMES, LLC
REF: W06000032356

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Titles are MGR for Manager or MGRM for Managing Member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Neysa Culligan
Document Specialist

FAX Aud. #: H06000184744
Letter Number: 106A00046385

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I – Name:

The name of the Limited Liability Company is:

HANNITY HOMES, LLC

ARTICLE II – Address:

The mailing address and street address of the principle office of the Limited Liability Company is:

Principle Office Address:

Mailing Address:

1028 E SILVER SPRINGS BLVD

1028 E. Silver Springs Blvd

Ocala, FL 34470

Ocala, FL 34470

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

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

Steve Foster

Name

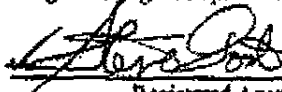
1028 E. Silver Springs Blvd

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

Ocala, FL 34470

City, State, and Zip

Having been named as registered agent and to accept service of process for 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, Florida Statutes.



Registered Agent's Signature

RECORDED IN STATE
TALLAHASSEE, FLORIDA

06 JUL 21 AM 8:35

FILED

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

Name and Address:

MGRM

Steve Foster
1028 E. Silver Springs Blvd
Ocala, FL 34470

MGR

Kevin Adams
3843 Pecan Rd
Ocala, FL 34472

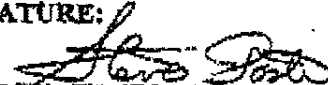
MGRM

Charles Duncan
821 SW Dalton Ave
Fort St Lucie, FL 34953

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

✓ 

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 penalties of perjury that the facts stated herein are true.)

Steve Foster

Typed or printed name of signer

FILED
06 JUL 21 AM 8:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA