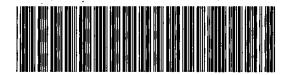
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FILLU SECRETARY OF STATE DIVISION OF COKPORATIONS



## **COVER LETTER**

TC	Registration Section Division of Corporations			
SŲ	PIECE: Hamp	Name of Limited Liability Company)	٠	
	1	n and fee(s) are submitted for filing.		
Pic	<u> </u>	(Name of Person)	,	
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For	further information concerning t		7	FILEI STARY C JELLI
	Nahart Munol (Name of Person)	(Area Code & Davine Telephone Number)		Y OF STATE Y OF STATE
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Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, PL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee. FL 32301



## FLORIDA DEPARTMENT OF STATE Division of Corporations

August 10, 2006

DR. ROBERT HEMPHILL 3575 BONITA BEACH RD BONITA SPRINGS, FL 34134

SUBJECT: HEMPHILL FAMILY, LC Ref. Number: W06000035399

We have received your document for HEMPHILL FAMILY, LC and your check(s) totaling \$160.00. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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) 245-6984.

Deborah Bruce Document Specialist

Letter Number: 806A00049837

2006 AUG | 7 PM I. E.

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:
(Must and 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:
3575 Brooks Brack w/ #103 3575 Brooks Bruch M #103 Brook to Sprong 121-34134 Brooks Spring 1-10 34134
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 incividual or another business entity with an active Plorida registration.)
The name and the Florida street address of the registered agent are:
Name Name
35 75 Bonka Bruh Nd. Swite 103 Florida street address (P.O. Box NOT seceptable)
Brinks (n ning FL 3 14)3 4
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.

(CONTINUED)
Page 1 of 2

Registered Agent's Signature (REQUIRED)

<u>Fitle:</u>	Name and Address:
'MGR" = Manager 'MGRM" = Managing Me	mber
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LE V: Effective date, if of fective date is listed, the d days after the date of filing REOUIRED SIGNATUI	ner than the date of filing: 8-17-36 (OPTIONAL ate must be specific and cannot be more than five business days ig.)

Filing Feez:

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