

L06000091093

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

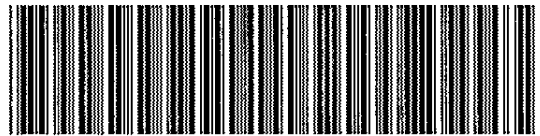
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer

Office Use Only



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06 SEP 18 PM 2:31
STATE
FALL PRAIRIE, ILLINOIS

09/18/06--01013--013 **125.00

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2006 SEP 18 AM 11:06
TO BE FILED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

Charter Number Only

09/15/06 Linda

Requestor's Name

Address

City

State

ZIP

Phone

VALIDATION ONLY

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06 SEP 18 PM 2:31
SELF-HELP SYSTEM
TALLAHASSEE, FLORIDA

CORPORATION(S) NAME

Hamilton Bates Construction LLC

☐ Profit

☐ NonProfit

☐ Amendment

☐ Merger

☐ Foreign

☐ Dissolution

☐ Mark

☐ Limited Partnership

☐ Annual Report

☐ Reinstatement

☐ Reservation

☒ Other **LLC**
☐ Change of Registered Agent

☐ Certified Copy

☐ Photo Copies

☐ Certificate Under Seal

☐ Call When Ready

☐ Call If Problem

☐ After 4:30

☒ Walk In

☐ Will Wait

☒ Pick Up

☐ Mail Out

Name

Availability

Document

Examiner

Updater

Verifier

Acknowledgment

W.P. Verifier



Empire Toll Free: 1-800-432-3028

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HAMILTON BATES CONSTRUCTION LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JODI ROBERTS

(Name of Person)

(Firm/Company)

3571 NORTH DIXIE HIGHWAY

(Address)

OAKLAND PARK, FL 33334

(City/State and Zip Code)

For further information concerning this matter, please call:

JODI ROBERTS

(Name of Person)

at (954) 565-4333

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$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 Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

FILED
06 SEP 18 PM 2:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED
06 SEP 18 PM 2:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

HAMILTON BATES CONSTRUCTION LLC

(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:

3571 NORTH DIXIE HIGHWAY
OAKLAND PARK, FL 33334

Mailing Address:

3571 NORTH DIXIE HIGHWAY
OAKLAND PARK, FL 33334

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:

BRIAN LYNN

Name

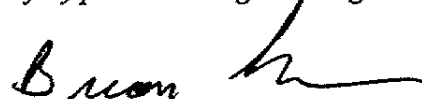
TWO S UNIVERSITY DR STE 215

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

PLANTATION FL 33324

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:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

JAMES T BATES

524 ISLE OF CAPRI DRIVE

FORT LAUDERDALE, FL 33301

MGRM

RANDY HAMILTON

2900 SW SAN ANTONIO DRIVE

PALM CITY, FL 34990

(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 to or 90 days after the date of filing.)

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

JAMES T BATES

Typed or printed name 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)