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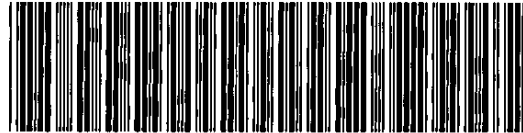
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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Homeowners Association Services, 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:

LeAnn Sbordone

(Name of Person)

Homeowners Association Services, LLC.

(Firm/Company)

P.O. Box 180657

(Address)

Tallahassee, FL 32318

(City/State and Zip Code)

For further information concerning this matter, please call:

LeAnn Sbordone

(Name of Person)

at

(850)

562-8708

(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

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SECRETARY OF STATE

ARTICLES OF ORGANIZATION

of

HOMEOWNERS ASSOCIATION SERVICES, LLC., a Florida Limited Liability Company

THE UNDERSIGNED hereby associate themselves together for the purpose of forming a limited liability company, and certify as follows:

ARTICLE I

NAME

§ 1.1. Company. The name of the company shall be HOMEOWNERS ASSOCIATION SERVICES, LLC. For convenience, this company shall be referred to herein as "H.A.S."

§ 1.2. Incorporator. The name and address of the incorporator of these Articles of Organization is as follows: LeAnn Sbordone, an individual, 3968 N. Monroe Street, Tallahassee, FL 32303.

ARTICLE II

ADDRESSES and REGISTERED AGENT

§ 2.1. Principal Office. The address of the principal office of H.A.S. is as follows: 3968 N. Monroe Street., Tallahassee, FL 32303.

§ 2.2. Mailing Address. The mailing address for H.A.S. will be P.O. Box 180657, Tallahassee, FL 32318.

§ 2.3. Registered Agent. H.A.S. hereby appoints LeAnn Sbordone as its Registered Agent to accept service of process within this state, with the Registered Office located at 3968 N. Monroe Street, Tallahassee, FL 32303.

ARTICLE III

PURPOSE and POWERS

§ 3.1. Purpose. The purpose for which H.A.S. is organized is to provide operational management and various real estate related services to condominium, homeowner, and community associations, to provide related education and consulting services to the same and to the general public, and to conduct any and all lawful business deemed necessary or desirable.

§ 3.2. Powers. H.A.S. shall have all of the common law and statutory powers of a limited liability company.

ARTICLE IV
MEMBERS and MANAGERS

Number of Members. The affairs of H.A.S. will be managed by one member/owner: LeAnn Sbordone, 3968 N. Monroe Street, Tallahassee, FL 32303, who shall act as the sole MGRM.

ARTICLE V
AMENDMENTS

Amendments to these Articles of Organization shall be proposed and adopted in the following manner:

§ 5.1. Proposal and Adoption. An amendment may be proposed and adopted by the single member only, or her heirs, assignees, or designees.

§ 5.2. Effective Date of Amendments. An amendment shall be effective when filed with the Secretary of State of the State of Florida.

ARTICLE VI
TERM

Term. The term of these Articles of Organization shall be the life of H.A.S.

ACKNOWLEDGMENT OF REGISTERED AGENT

Having been named as registered agent and to accept service of process for the above stated LLC 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 statute.

LeAnn Sbordone
LeAnn Sbordone, MGRM

12-11-06
Date

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EXECUTION

IN WITNESS WHEREOF, the incorporator has hereto affixed her signature, this 11th day of December, 2006.

WITNESS:

[Signature]
Signature

Robert E. Wolfe
Printed Name ROBERT E. WOLFE

INCORPORATOR:

[Signature]
Signature

LeAnn Sbordone
Printed Name

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TALLAHASSEE, FLORIDA

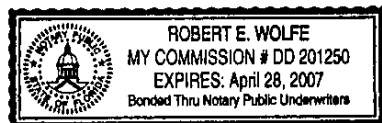
NOTARY

STATE OF FLORIDA
LEON COUNTY

BEFORE ME, the undersigned authority authorized to take acknowledgments in the state and county aforesaid, appeared LeAnn Sbordone, managing member of Homeowners Association Services, LLC. acknowledging that she executed the foregoing instrument on behalf of the company pursuant to due authority. She is personally known to me or has produced sufficient identification.

WITNESS my hand and seal this 11th day of December, 2006.

Stamp or Seal:



[Signature]
Notary Signature

ROBERT E. WOLFE
Notary Printed Name