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Address
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CORPORATION(S) NAME

Acknowledgment

W.P. Verifier

me Ham	mel + K	apian	company	LLC
() Profit () NonProfit	() Amendmen	it	() Marger	
() Foreign () Limited Partnership () Reinstatement	() Annual Rep () Reservation	port	() Mark Other () Change of Registered Age	ent
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COVER LETTER

TO: Registration Sec			
Division of Cor	porations		F. 2
_{SUBJECT:} The Ha	ammel & Kaplan Co	ompany LLC	OT JAN 22 PM 12: 56
	(Name of Limited	d Liability Company)	22
			SSE
The enclosed Articles of	Organization and fee(s) are so	abmitted for filing.	انتا انتا
Please return all correspo	ondence concerning this matte	r to the following:	CONF. SA
			A DEFE
Mary Ham		Name of Person)	У
	(Name of Person)	
The Hamn	nel & Kaplan Com	npany LLC	
	(Firm/Company)	
1861 N F	ederal Highway	Suite 151	
700114.1	odorar riigiiway	(Address)	
11.0	J EL 00000		
Hollywoo	d, FL 33020	(C) (1 1 T' - C - 1 -)	
	(City.	/State and Zip Code)	
For further information of	concerning this matter, please	call:	
	, , , , , , , , , , , , , , , , , , ,		
Mary Hammel		at (954) 205-090	
(Name	of Person)	(Area Code & Daytime To	elephone Number)
England is a shock for	r the following amount:		
✓ \$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & Certified Copy	S160.00 Filing Fee, Certificate of Status &
	Certificate of Status	(additional copy is enclosed)	Certified Copy
			(additional copy is enclosed)
	Mailing Address	Street/Courier Addres	e
	Registration Section	Registration Section	_
	Division of Corporations P.O. Box 6327	Division of Corporation Clifton Building	ns
	Tallahassee, FL 32314	2661 Executive Center	Circle
		Tallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
The Hammel & Kaplan Company LLC (Must end with the words "Limited Liability Company, "Limited	d Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1861 N. Federal Highway, Suite 151	1861 N. Federal Highway, Suite 151
Hollywood, FL 33020	Hollywood, FL 33020
business entity with an active Florida registration.) The name and the Florida street address of the re Mary Hammel Name	egistered agent are:
1540 Monroe Street	
	ress (P.O. Box <u>NOT</u> acceptable)
Hollywood, FL 33020 City, State, a	FL nd Zip
liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per	accept service of process for the above stated limited his certificate, I hereby accept the appointment as v. I further agree to comply with the provisions of al rformance of my duties, and I am familiar with and tered 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:

	Name and Address:
"MGR" = Manager "MGRM" = Managing Membe	er
MGRM	Constance J. Kaplan
	1861 N. Federal Highway, Suite 151
	Hollywood, FL 33020
MGRM	Mary E. Hammel
	1861 N. Federal Highway, Suite 151
	Hollywood, FL 33020
(Use attachment if necessary)	
LE V: Effective date, if other t	han the date of filing: (OPTION/
LE V: Effective date, if other t	han the date of filing: (OPTION a must be specific and cannot be more than five business dates
LE V: Effective date, if other t	han the date of filing: (OPTION/must be specific and cannot be more than five business da
LE V: Effective date, if other to fective date is listed, the date days after the date of filing.)	han the date of filing: (OPTION/must be specific and cannot be more than five business da
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LE V: Effective date, if other to fective date is listed, the date days after the date of filing.)	han the date of filing: (OPTION/must be specific and cannot be more than five business da
LE V: Effective date, if other to ffective date is listed, the date days after the date of filing.) REQUIRED SIGNATURE:	han the date of filing: (OPTION/must be specific and cannot be more than five business day

Mary E. Hammel

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)