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COVER LETTER

TO: Registration Se Division of Co				
subject: Hartlan	d Investments of Tam (Name of Limited	npa Bay, LLC d Liability Compa	iny)	
	f Organization and fee(s) are so			
Please return all corresp	ondence concerning this matte	r to the following	:	
Daniel J. La	aValley, Esq.			
	(1	Name of Person)		
LaValley, L	aValley, Todak & So	chaefer Co.,	L.P.A.	
	(Firm/Company)		
5800 Mon	roe St., Bldg. F			
		(Address)		
Sylvania,	OH 43560			
<u>.</u>		/State and Zip Code)	
For further information	concerning this matter, please	call:		
Daniel J. LaValle	٧	at (419	882-008	1
	of Person)	at (419 (Area Cod	e & Daytime To	elephone Number)
Enclosed is a check for	or the following amount:			
■ \$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Fi Certified Copy (additional copy	y	\$\int \\$160.00 \text{ 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	Registrati Division Clifton B 2661 Exe	ourier Address on Section of Corporatio uilding ecutive Center	ns · Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

(Must end with the words "Limited Liability Company, "Li	imited Company" or their abbreviation "LLC," or "L.C,")
ARTICLE II - Address:	
The mailing address and street address of the	e principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
: 1700 Lullwater Lane	1700 Lullwater Lane
Lutz, FL 33549	Lutz, FL 33549
ARTICLE III - Registered Agent, Registe	→ –

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

Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member **MGRM** Melvin H. Keyes 1700 Lullwater Lane Lutz, FL 33549 (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:** 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

Filing Fees;

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

Meivin H. Keyes

that the facts stated herein are true.)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

Typed or printed name of signee