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(	Requestor's Name)
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	(City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
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## **COVER LETTER**

**Registration Section** 

TO:

Division of Corporations
SUBJECT: Hangartner 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:
Judy Hangartner
(Name of Person)
Hangartner Services, LLC
(Firm/Company)
1354 Tarpon Avenue
(Address)
Sarasota, Florida 34237
(City/State and Zip Code)
1354 Tarpon Avenue  (Address)  Sarasota, Florida 34237  (City/State and Zip Code)  For further information concerning this matter, please call:
Judy Hangartner <sub>at (</sub> 941 \ , 915-4975
(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\sum \\$130.00 Filing Fee & \$\sum \\$155.00 Filing Fee & \$\sum \\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallabassee, FL 323142661 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:		
Hangartner Services, LLC  (Must end with the words "Limited Liabilit	y Company "I I C " or "I I C ")	
(Must end with the words Elimited Liability	y Company, L.E.C., or LLC.	
ARTICLE II - Address: The mailing address and street address of the print	ncipal office of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
1354 Tarpon Avenue	1354 Tarpon Avenue	
Sarasota, Florida 34237	Sarasota, Florida 34237	
(The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)  The name and the Florida street address of the re  Barbara Baker	TO OT A	
Name		
7602 301 Blvd.		
Florida street address (P.O. Box NOT acceptable)		
Sarasota, <sub>FL</sub> 34243		
City, State, and 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 the obligations of my position as regist	ccept service of process for the above stated limited is certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and ered agent as provided for in Chapter 608, F.S	

(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 Member **MGRM** Judy Hangartner 1354 Tarpon Ave. Sarasota, Florida 34237 (Use attachment if necessary) **ARTICLE V:** Effective date, if other than the date of filing: . (OPTIONAL)

#### **REQUIRED SIGNATURE:**

to or 90 days after the date of filing.)

member or an authorized representative of a member.

(If an effective date is listed, the date must be specific and cannot be more than five business days prior

(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.)

Judy Hangartner

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)