## 607000113548

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

SUD IF CT.	E Hood In	vestments LLC
SUBJECT:		ted Liability Company)
The enclosed Articles	of Organization and fee(s) are	submitted for filing.
Please return all corres	pondence concerning this mat	ter to the following:
	Er	ic E Hood
		(Name of Person)
	E Hood	Investments LLC
		(Firm/Company)
	12806 E	Early Run Lane
		(Address)
	Riven	view Fl 33569
***		v/iew FI 33569
***************************************		/iew FI 33569 y/State and Zip Code)
For further information		y/State and Zip Code)
	(Cit	y/State and Zip Code)
Eric I	(Cit	y/State and Zip Code) e call:
Eric	concerning this matter, please	y/State and Zip Code) e call: at ( 813 ) 787-9882
Enclosed is a check for	concerning this matter, please  Hood of Person)	y/State and Zip Code) e call: at ( 813 ) 787-9882

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is	s:
E Hood Investme	ents LLC.
(Must end with the words "Limited Lia	
ARTICLE II - Address:	
	principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
12806 Early Run Lane	12806 Early Run Lane
Riverview FI 33569	Riverview FI 33569
	· · · · · · · · · · · · · · · · · · ·
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Reg business entity with an active Florida registration.)	ed Office, & Registered Agent's Signature: gistered Agent. You must designate an individual or another
The name and the Florida street address of the	registered agent are:
Eric E l	Hood
Nam	
12806 Earl	y Run Lane
<del></del>	ddress (P.O. Box NOT acceptable)
Riverview	v Fl <sub>L</sub> 33569
City, State	, and Zip
liability company at the place designated in registered agent and agree to act in this capac statutes relating to the proper and complete paccept the obligations of my position as reg	accept service of process for the above stated limited in this certificate, I hereby accept the appointment as sity. I further agree to comply with the provisions of all performance of my duties, and I am familiar with and gistered agent as provided for in Chapter 188, 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:

10  ACD 1 - 34  a	Name and Address:	
"MGR" = Ma $"MGRM" = N$	mager Managing Member	
MOIGH	Annual Manual	
MGR	Eric E Hood	_
	12806 Early Run Lane	
	Riverview FI 33569	
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<i>(</i> 2.7		_
(Use attachm	ent if necessary)	<b>-</b>
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LE V: Effect	ive date, if other than the date of filing: (OPTI	- ONA
LE V: Effecti ffective date is	ive date, if other than the date of filing: (OPTI s listed, the date must be specific and cannot be more than five business	ONA
LE V: Effecti ffective date is	ive date, if other than the date of filing: (OPTI	ONA
LE V: Effecti ffective date is days after th	ive date, if other than the date of filing: (OPTI s listed, the date must be specific and cannot be more than five business to date of filing.)	ONA
LE V: Effecti ffective date is days after th	ive date, if other than the date of filing: (OPTI s listed, the date must be specific and cannot be more than five business	ONA s day
LE V: Effecti ffective date is days after th	ive date, if other than the date of filing: (OPTI s listed, the date must be specific and cannot be more than five business to date of filing.)	ONA s day
LE V: Effecti ffective date is days after th	ive date, if other than the date of filing: (OPTI s listed, the date must be specific and cannot be more than five business to date of filing.)	ONA s day
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LE V: Effecti fective date is days after th	ive date, if other than the date of filing:	ONA
LE V: Effecti fective date is days after th	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.)	ONA
LE V: Effecti ffective date is days after th	ive date, if other than the date of filing:	ONA s day

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)

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2007 NOY -8 AN 11: 22
SECRETARY OF STATE
TALLAHASSEF FISTATE