

LD8000010094

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

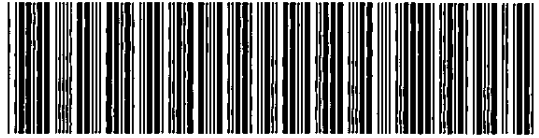
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300116210233

01/28/08--01007--029 **160.00

FILED
08 JAN 28 PM 4:04
SECRETARY OF STATE
TALLAHASSEE FLORIDA

N. Oulligan JAN 29 2008

WILLIAM H. HENNEY
ATTORNEY AT LAW

TELEPHONE: (952) 474-4406
FACSIMILE: (952) 474-5270
E-MAIL: bhenneylaw@cs.com

5101 THIMSEN AVENUE
SUITE 200
MINNETONKA, MINNESOTA 55345
FED. EIN: 41-1505930

ADMITTED TO PRACTICE
IN MINNESOTA
AND FLORIDA

January 24, 2008

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Hasek Consulting, LLC

Dear Sir/Madam:

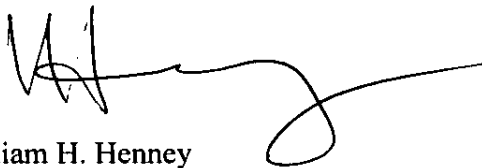
I am the attorney for Hasek Consulting, LLC and its Managing Member, Don Hasek. Enclosed for filing please find:

1. Articles of Organization and Designation of Registered Agent.

Please return to me your letter of acknowledgment, a certified copy of the Articles and a Certificate of Status for the above LLC at the name and address listed above. My daytime telephone number is also above as required.

Also enclosed find a \$160 check payable to the Florida Department of State for your filing fees. Thank you.

Sincerely,



William H. Henney
Attorney at Law

enc.

jsm

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Hasek Consulting, LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

3100 N. Caves Valley Path
Lecanto, FL 34461

Mailing Address:

3100 N. Caves Valley Path
Lecanto, FL 34461

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Don Hasek

Name

3100 N. Caves Valley Path

Florida street address (P.O. Box NOT acceptable)

Lecanto, FL 34461

City, State, and Zip

FILED
08 JAN 28 PM 4:04
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

"MGRM"

Don Hasek

3100 N. Caves Valley Path
Lecanto, FL 34461

(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:



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.)

Don Hasek

Typed or printed name of signee

FILED
08 JAN 28 PM 4:04
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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)**