

LD8000030042

(Requestor's Name)

(Address)

(Address)

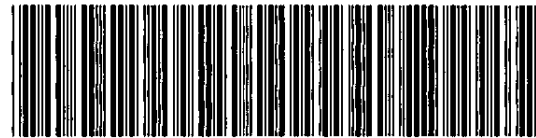
(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_



600120549816

03/18/08--01029--015 \*\*160.00

08 MAR 18 PM 1:23  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

Special Instructions to Filing Officer: Victoria Holley HAVE  
AUTHORIZATION BY PHONE: CORRECT  
DATE: 3/25/08  
BY: LLC  
LLC

Office Use Only

408A00017675

B. Tadlock MAR 25 2008

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: HOLLITEK 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:

victoria holliday

(Name of Person)

HOLLITEK LLC

(Firm/Company)

P.O. Box 370830

(Address)

KEY LARGO, FL 33037

(City/State and Zip Code)

For further information concerning this matter, please call:

VICTORIA HOLLIDAY

(Name of Person)

at ( 305 )

852-3292

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee    ☐ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)    ☒ \$160.00 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

**Street/Courier Address**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 22, 2008

VICTORIA HOLLIDAY  
HOLLITEK LIMITED COMPANY  
PO BOX 370830  
KEY LARGO, FL 33037

SUBJECT: HOLLITEK ~~LIMITED COMPANY~~ LLC  
Ref. Number: W08000009488

We have received your document for HOLLITEK LIMITED COMPANY. However, the document has not been filed and is being returned for the following:

Effective July 1, 2007, the name of a limited liability company must end with the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The word "Limited" may be abbreviated as "Ltd." and the word "Company" may be abbreviated as "Co." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." Please amend your document accordingly.

Apparently, you did not complete our current form. The form you submitted, however, still meets our filing requirements. Simply correct the suffix to read "Limited Liability Company" in lieu of "Limited Company."

We have signed and returned the invoice to the Florida Department of Education for payment. The document will be processed when both the corrected document and payment are received.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6911.

Brenda Tadlock  
Senior Section Administrator

Letter Number: 508A00011293

**DEPARTMENT OF EDUCATION  
VOCATIONAL REHABILITATION SERVICES  
AUTHORIZATION AND BILLING INVOICE**

Return To: VOCATIONAL REHABILITATION  
103400 OVERSEAS HWY, #251  
KEY LARGO, FL 33037  
(305) 453-1271

INVOICE #: **EJUP733**  
EXP. OPTION : A1  
GRANT #: A2708

FOR : Ms. Victoria H Holliday  
42 GUMBO LIMBO AVE.  
KEY LARGO, FL 330374020

ID#: VR0156292 CASE # 04

MEDICAID NO :  
INSURANCE CO :  
POLICY NO :

VENDOR : VF593466865008  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
PO BOX 6327  
TALLAHASSEE, FL 323140000

OBJECT CODE : 252019  
ORG. CODE : 48800206611  
FUND CODE : 10

SERVICE TO BE PROVIDED :	FEE CODE	AUTHORIZED AMOUNT	BILLED AMOUNT
--------------------------	-------------	----------------------	------------------

Pursuant to Rule 60A-1.030(3)(d)viii and 60A-1.032(1)(g)&(h) the following transaction(s) are not subject to the one percent transaction fee.

0001	OCCUPATIONAL LICENSE, TOOLS, EQUIPMENT, STOCK AND SUPPLIES	G10005	\$160.00	160 —
Item/Hour	1 @ \$160.00			
01/25/2008	Registration Section, Division of Corporations, Filing Fee, Certificate of Status and Certified Copy - Hollitek Limited Company			

RECEIVED  
DIVISION OF VOCATIONAL  
REHABILITATION  
08 MAR - 6 AM 11:49

PAID FEB 29 2008

STATE TAX EXEMPT #:

85-801-2631862C-2

TOTAL

\$160.00

160 —

*Timothy Gower*

5511

01/23/2008

CO #

DATE

SIGNATURE OF VENDOR

DATE

SUPERVISOR APPROVAL

DATE

COUNSELOR APPROVAL FOR PAYMENT

DATE

VENDOR: PLEASE SIGN AND RETURN  
THIS COPY. RETAIN 2ND  
COPY FOR YOUR RECORDS.  
Your report and/or invoice  
and this signed authorization  
must be received before  
payment can be made.

ALL SERVICES WERE PROVIDED IN CONFORMANCE WITH SECTION 504 OF REHABILITATION ACT AND WITHOUT REGARD TO THE CLIENT'S RACE, COLOR, DISABILITY OR NATIONAL ORIGIN AS REQUIRED BY TITLE VI OF THE CIVIL RIGHTS ACT. I WILL ACCEPT PAYMENT BY VOCATIONAL REHABILITATION AS PAYMENT IN FULL FOR SERVICES RENDERED.

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

HOLLITEK LLC

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

**ARTICLE II - Address:**

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

**Principal Office Address:**

42 GUMBO LIMBO AVE

KEY LARGO FL. 33037

**Mailing Address:**

P.O. BOX 370 830

KEY LARGO, FL. 33037

**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:

SCOTT CASH

Name

42 GUMBO LIMBO AVE

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

KEY LARGO

FL 33037

City, State, and Zip

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
08 MAR 18 PM 1:23

*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:**

MGR

VICTORIA HOLLIDAY

P.O. BOX 370830

KEY LARGO, FL. 33037

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

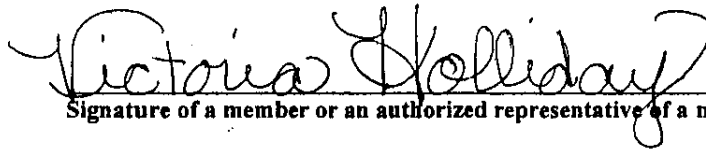
\_\_\_\_\_

(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.)

VICTORIA HOLLIDAY

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)**