L08000031720

_____
(Requestor's Name)

_____
(Address)

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(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

COVER LETTER

SUBJECT: __H S J Enterprises of Delray, 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:

__Herman Stevens, Jr.__
        (Name of Person)

_____
(Firm/Company)

__75 S.W. 5th Ave__
       (Address)

__Delray Bch, FL 33444__
    (City/State and Zip Code)

For further information concerning this matter, please call:

__Herman Stevens, Jr.__ at (__561__) __278 - 198__
   (Name of Person)   (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

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

FILED
2008 MAR 27 PM 12: 46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Mailing Address	**Street/Courier Address**
Registration Section	Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	Clifton Building
Tallahassee, FL 32314	2661 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:

HSJ Enterprises of Delray, 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:

75 S.W. 5th Ave

Delray Bch, FL

33444

Mailing Address:

SAME

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:

Herman Stevens, Jr.
Name

75 S.W. 5th Ave
Florida street address (P.O. Box **NOT** acceptable)

Delray Beach, FL, 33444
City, State, and Zip

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)

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:

M G R

Herman Stevens, Jr
75 S.w. 5ᵗʰ Ave
Delray Bch, FL 33444

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ 4-1-08 _____. (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.)

FILED 2008 MAR 27 PM 12:06 SECRETARY OF STATE TALLAHASSEE, FLORIDA

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.)

Herman Stevens, Jr.
_____
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)