## L08000034249

(D t -	(- M)	
(Requesto	or's Name)	
(Address)	·	
(Address)		
(City/State	e/Zip/Phone #)	
PICK-UP	WAIT MAIL	
(Business	s Entity Name)	
(Documer	nt Number)	
Certified Copies	Certificates of Status	
O a cial la l		

Special Instructions to Filing Officer:

A. LUNT

APR 10 2008

**EXAMINER** 

Office Use Only



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SECRETARY OF STATE
ALLAHASSEE, FINATE

## **COVER LETTER**

10.	Division of Co						
SUBJI	<sub>ECT:</sub> Hodg	e's Multi-task Ser	vices, LL	С			
		(Name of Limited	Liability Compa	iny)		_	
The en	closed Articles o	of Organization and fee(s) are su	bmitted for filing	<b>3</b> .			
Please	return all corres	pondence concerning this matter	r to the following	<i>:</i>			
	Tennille	Hodge					_
		()	Name of Person)		•		
	Hodge's	Multi-task Service	es, LLC		TAI	26	_
		(1	Firm/Company)		ECR LA	<b>8</b> ≥	T
	1615 Pe	ndleton Street			HAS	APR -	_
			(Address)		E O	<del>ف</del>	
	Deltona,	FL 32725			F ST. FLO	♪ 尋	
		(City/	State and Zip Code	·)	RIDA	02	-
For fu	rther information	concerning this matter, please of	call:		-		
Ter	nille Hod	ge .	at ( 386	, 259-440	)4		
	(Nam	e of Person)		e & Daytime Tele	phone Number)		
Enclo	sed is a check f	or the following amount:					
<b>_</b> \$125	.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filin Certified Co (additional cop.	ру	\$160.00 Filing Certificate of Certified Cop (additional copy	Status & y	
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registrati Division Clifton E 2661 Exe	ourier Address ion Section of Corporations Building ecutive Center C see, FL 32301			

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:	
Hodge's Multi-task Services, L	
(Must end with the words "Limited Liabi	lity Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
	rincipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1015 Bandloton Otroct	(A/PB      4   B)
1615 Pendleton Street	1615 Pendleton Street
Deltona, FL 32725	Deltona, FL 32725
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)  The name and the Florida street address of the interpretation.	registered agent are:
Name	>
1615 Pendleton S	treet
Florida street ad	dress (P.O. Box NOT acceptable)
Deltona, FL 32725	5 <sub>F1</sub>
City, State,	
liability company at the place designated in registered agent and agree to act in this capacit statutes relating to the proper and complete p	accept service of process for the above stated limited this certificate, I hereby accept the appointment as ty. I further agree to comply with the provisions of all erformance of my duties, and I am familiar with and istered agent as provided for in Chapter 608, F.S.

(CONTINUED) Page 1 of 2

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:

Tennille Hodge  1615 Pendleton Street  Deltona, FL 32725   TALLARY  AASSET ARY  ORIGINATION  (Use attachment if necessary)  LE V: Effective date, if other than the date of filing: (OPTIONA)	"MGR" = Manager "MGRM" = Managir	ng Member	Name and Address:		
(Use attachment if necessary)	Manager		1615 Pendleton Street		 
(Use attachment if necessary)		•		2009 APR SECRET	
(Use attachment if necessary)				ARY OF STATE	_m _0
effective date is listed, the date must be specific and cannot be more than five business day		e, if other than the d	ate of filing:	(OPTI	
	effective date is listed 0 days after the date	Q,			
Signature of a member or an apphorized representative of a member.	effective date is listed, 0 days after the date  REQUIRED SIGN.	ATURE:	Hody or an anthorized representative	of a member.	

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)