

Division of Corporations

Page 1 of 1

LD8000042446Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H08000111860 3)))



H080001118603ABCZ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6383**L. SELLERS**

From:

Account Name : MCLIN & BURNSED P.A.
Account Number : 104657003604
Phone : (352) 753-4690
Fax Number : (352) 205-8413

APR 29 2008

EXAMINER**FLORIDA/FOREIGN LIMITED LIABILITY CO.****HMP Soccer, LLC**

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

RECEIVED

08 APR 28 AM 10:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDASECRETARY OF STATE
TALLAHASSEE, FLORIDA

2008 APR 28 AM 7:47

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

(((H08000111860 3)))

**ARTICLES OF ORGANIZATION
OF
HMP SOCCER, LLC**

The undersigned, pursuant to the provisions of Chapter 608 of the Florida Statutes, for the purpose of forming a Limited Liability Company under the laws of the State of Florida do set forth the following:

1. **NAME.**

The name of the Limited Liability Company is: **HMP Soccer, LLC.**

2. **ADDRESS.**

The mailing address for the Limited Liability Company is 1020 Lake Sumter Landing, The Villages, Florida 32162; and the street address of the principal office in Florida for the Limited Liability Company is: 1020 Lake Sumter Landing, The Villages, Florida 32162.

3. **PERIOD OF DURATION.**

The period of duration of the Limited Liability Company shall be perpetual, unless the Limited Liability Company is dissolved pursuant to provisions of the Florida Limited Liability Company Act, the Articles of Organization of the Limited Liability Company, or the Operating Agreement of the Limited Liability Company.

4. **PURPOSE.**

The purpose for which the Limited Liability Company is organized is to engage in any and all businesses and activities permitted by the laws of the State of Florida. The Limited Liability Company shall have all of the powers vested in a Limited Liability Company organized and existing by virtue of such laws.

5. **REGISTERED AGENT.**

The name and address of the initial registered agent in Florida for the Limited Liability Company is: James H. Parr, 1020 Lake Sumter Landing, The Villages, Florida 32162.

6. **ADDITIONAL MEMBERS.**

Additional members may be admitted upon a simple majority vote of the then existing members.

FILED
2008 APR 28 AM 7:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(((H08000111860 3)))

7. MANAGEMENT.

The Limited Liability Company is to be managed by the members.

8. EFFECTIVE DATE.

The effective date of the Limited Liability Company is the date of filing of these Articles of Organization.

Executed at The Villages, Florida, on the 28 day of April, 2008.

James H. Parr Family Trust u/a/d
October 6, 2005, Member

By [Signature] TTEE
James H. Parr, Trustee

STATE OF FLORIDA
COUNTY OF LAKE

The foregoing Articles of Organization was acknowledged before me this 28th day of April, 2008, by James H. Parr, Trustee of the James H. Parr Family Trust u/a/d October 6, 2005, who is ☒ personally known to me or _____ produced _____ as identification.

[Signature]
NOTARY PUBLIC - STATE OF FLORIDA
(Signature of Notary Public)

Vivian M. Grecco
(Print Name of Notary Public)

(Serial/Commission Number)

[SEAL]



VIVIAN M. GRECCO
MY COMMISSION # 00 648398
EXPIRES: June 30, 2011
Bonded Thru Budget Notary Services

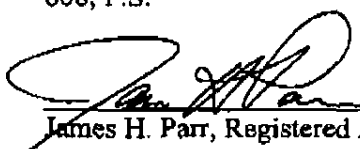
(((H08000111860 3)))

FILED
2008 APR 28 AM 7:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(((H08000111860 3)))

ACCEPTANCE BY REGISTERED AGENT:

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in these Articles of Organization, 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 am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.


James H. Parr, Registered Agent

O:\User\ET\Corporations\Clients\HMP Seaver, LLC\Articles of Organization - member managed.wpd

(((H08000111860 3)))

FILED
2008 APR 28 AM 7:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA