L0800004804

(Requestor's Name)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
,				
(Business Entity Name)				
(Document Number)				
(Document Names)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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Office Use Only



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04/22/08--01005--018 **125.00

T. CLINE MAY 14 2008 **EXAMINER**



FLORIDA DEPARTMENT OF STATE Division of Corporations

April 23, 2008

ALAN STEIN 3930 STATE ROAD 64 E BRADENTON, FL 34208

SUBJECT: HBC LLC

Ref. Number: W08000020515

We have received your document for HBC LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Section 608.406; Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note 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.

The document number of the name conflict is V40682.

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) 245-6020.

Tammi Cline Regulatory Specialist II

Letter Number: 408A00024445

COVER LETTER

	stration Se ion of Co						
SUBJECT: _	HBC LL	(Name of Limite	d Liability Compa	nv)			,
		(Name of Limite	a Elabinty Compa	`			
The enclosed A	Articles of	Organization and fee(s) are s	ubmitted for filing	•			
Please return a	ill corresp	ondence concerning this matte	er to the following:	:	•		
ALA	N STE	IN	•				
		(Name of Person)	***************************************	**************************************		•
ALAI	N STEI	N ACCOUNTING &	TAX SERV	ICE INC			
		(Firm/Company)			TAK DE	-
3930	STA	TE ROAD 64 E				SECRETAR'S	ACEIVE
			(Address)			AR)	, j
BRA	DENT	ON ,FL 34208		,		OF STATE	
		(City	/State and Zip Code))		CRIATION IN	- "
For further infe	ormation o	concerning this matter, please	call:			5 6	Ď
ALAN STE	=INI		at (_941)	749-536	1		
ALANOIL		of Person)	at (Area Code		elephone Number)	
			٠				
Enclosed is a	check fo	r the following amount:					
☑ \$125.00 Fil	ing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Fill Certified Copy (additional copy is	,	Certificate o Certified Co	ру	
**************************************					(additional cop	y is enclosed)	
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registration Division of Clifton Bu 2661 Exec	of Corporation	ns		

COVER LETTER

TO:	Registration Section Division of Corporations						
SUBJECT: HBC I, LLC.							
	(Name of Limited Liability Company)						
The en	closed Articles of Organization and fee(s) are	e submitted for filing	g.				
Please	return all correspondence concerning this ma	tter to the following	g:				
	ALAN M. STEIN						
		(Name of Person)					
	ALAN M. STEIN ACCOUN		SERVICE, INC	•			
		(Firm/Company)					
	3930 STATE ROAD 64 EAST						
	(Address)						
	BRADENTON, FL (Address)						
	(C	ity/State and Zip Code	e)	SEE S			
(City/State and Zip Code) SRR 3 For further information concerning this matter, please call:							
ALA	N M. STEIN	at (941	749-5364	28 RDA			
	(Name of Person)		le & Daytime Telephone Nur	nber)			
Enclo	sed is a check for the following amount:						
\$125.00 Filing Fee \$\text{S130.00 Filing Fee & Certificate of Status}\$\$ Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certified Copy (additional copy is enclosed)							
	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 Circle see, FL 32301				

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

HBC I, LLC.		
(Must end with the words "Limited I	Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the	ne principal office of the Limited Liability Company	/ is:
Principal Office Address:	Mailing Address:	
89 PINE VALLEY LANE	89 PINE VALLEY LANE	
ROTONDA WEST, FL 33947	ROTONDA WEST, FL 33947	
	ered Office, & Registered Agent's Signature	¥ .
The Limited Liability Company cannot serve as its own I business entity with an active Florida registration.) The name and the Florida street address of t CYNTHIA HOPKI	Registered Agent. You must designate an individual of the Company of the Company of the Registered Agent. You must designate an individual of the Company of the Registered Agent are:	
The Limited Liability Company cannot serve as its own I business entity with an active Florida registration.) The name and the Florida street address of t CYNTHIA HOPKI	the registered agent are: NS-BROWN AM AM AM AM AM AM AM AM AM A	
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The Limited Liability Company cannot serve as its own I business entity with an active Florida registration.) The name and the Florida street address of to a company cannot serve as its own I business entity with an active Florida registration.) CYNTHIA HOPKI N 89 PINE VALLEY Florida street ROTONDA WES	the registered agent are: NS-BROWN TABLE AND AND AND AND AND AND AND AN	

(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:

<u>Title:</u> "MGR" = Manager	Name and Address:	
"MGRM" = Managing Member		
MGRM	CYNTHIA HOPKINS-BROWN	
	89 PINE VALLEY LANE	
	ROTONDA WEST, FL 33947	
MGRM	RICHARD G. BROWN	•
	89 PINE VALLEY LANE	
	ROTONDA WEST, FL 33947	
	Pro	2
(Use attachment if necessary)) EC	2008 MA
(Ose attachment if necessary)	구면 기계	35
ARTICLE V: Effective date, if other than the dat	e of filing:(OPTIO	NAŁ)
If an effective date is listed, the date must be sp		lays prior
o or 90 days after the date of filing.)	- F.	A part
	- OR	= \.
REQUIRED SIGNATURE:	D TE	28
Chhirfeh	whow!	
Signafure/of a mentibel 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.)

CYNTHIA HOPKINS-BROWN

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)