

L080000052532

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

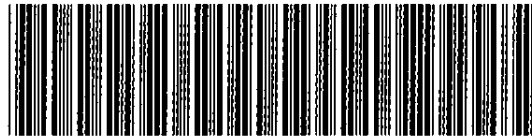
(Business Entity Name)

(Document Number)

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

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J. BRYAN

MAY 28 2008

EXAMINER

**Mowrey & Mitchell, P.A.**  
**Attorneys at Law**

Ronald A. Mowrey \*  
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\* Also admitted in District of Columbia  
\* Certified Civil Mediator

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May 23, 2008

Department of State  
Division of Corporations  
Corporate Filings  
P.O. Box 6327  
Tallahassee, FL 32314

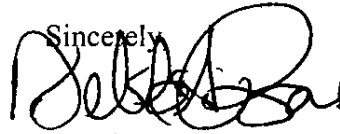
Re: Hammond Design Group, LLC

Dear Sir or Madam:

Enclosed please find an original Articles of Organization of Limited Liability Company for the above-referenced company, as well as the required filing fee. Please file the articles with your office.

If you have any questions or concerns regarding this matter, please do not hesitate to contact our office.

Sincerely,



Debbie A. Rowe  
Legal Secretary

:dar

Enclosures

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**ARTICLES OF ORGANIZATION OF LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is: Hammond Design Group, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

317 E. Park Avenue  
Tallahassee, Florida 32301

**Mailing Address:**

317 E. Park Avenue  
Tallahassee, Florida 32301

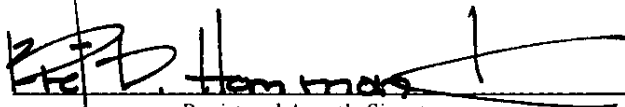
**ARTICLE III - Registered Agent, Registered Office, Registered Agent's Signature:**

The name of the Florida street address of the registered agent are:

Bret D. Hammond  
Name  
317 E. Park Avenue  
Florida Street Address (P.O. Box **NOT** acceptable)  
Tallahassee, Florida 32301  
City, State and Zip Code

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*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, Florida Statutes.*

  
Registered Agent's Signature

**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

MGRM

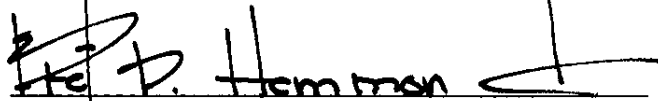
**Name and Address:**

Bret D. Hammond

317 E. Park Avenue

Tallahassee, Florida 32301

**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.)

Bret D. Hammond

\_\_\_\_\_  
Typed or Printed Name of Signee

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**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)