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**EXAMINER** 

# **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Hobet, 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:
Joseph M. Landolfi, Jr., Esq. (Name of Person)
Laing & Landolfi, LLC. (Firm/Company)
6111 Broken Sound Parkway N.W., Suite 330
Boca Raton, FL. 33487 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person)  (Area Code & Daytime Telephone Number) Fin
Enclosed is a check for the following amount:
S125.00 Filing Fee S130.00 Filing Fee & S160.00 Filing Fee,  Certificate of Status  Certified Copy  (additional copy is enclosed)  Certified Copy  (additional copy is enclosed)
Mailing Address  **Street/Courier Address*

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Fax Audit N	0.			

## ARTICLES OF ORGANIZATION OF HOBET, LLC

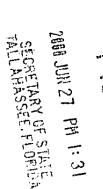
These Articles of Organization are made for the purpose of organizing a Florida Limited Liability Company under the Florida Limited Liability Company Act (Florida Statutes Chapter 608).

### **ARTICLE I - NAME**

The name of this limited liability company ("Company") is: **HOBET, LLC**.

### **ARTICLE II - ADDRESS**

The mailing address and street address of the principal office of the Company is: 221 Ocean Grande Blvd., Apt. 509, Jupiter, FL 33477



### ARTICLE III - REGISTERED AGENT AND REGISTERED OFFICE

The name and the Florida street address of the registered agent is: Ruth L. Karlin, 221 Ocean Grande Blvd., Apt. 509, Jupiter, FL 33477

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.

RUTH L. KARLIN (Date)

Fax Audit No.

ARTICLE IV - MA	NAGER(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:					
MGRM	Maurice J. Karlin 221 Ocean Grande Blvd., Apt. 509 Jupiter, FL 33477					
MGRM	Ruth L. Karlin 221 Ocean Grande Blvd., Apt. 509 Jupiter, FL 33477  cles of Organization effective as of June 24, 2008. 2					
The undersigned executed these Arti	Maurice J. Karlin, Managing Member  Ruth L. Karlin, Managing Member					

Fax Audit No.

Fax Audit No.\_\_\_\_