

L08000065751

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

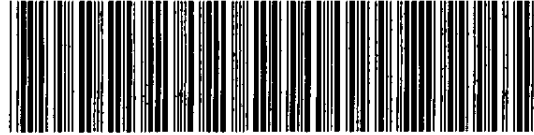
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

N. G. G. JUL - 8 2008

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: H & J Products, 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:

R.J. Larizza

(Name of Person)

R.J. Larizza, PA & Associates

(Firm/Company)

1510 N. Ponce de Leon Blvd Unit B

(Address)

St. Augustine, Florida 32084

(City/State and Zip Code)

For further information concerning this matter, please call:

Zack Scharlepp

(Name of Person)

at (**904**) **824-5711**

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☒ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address

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

Street/Courier Address

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

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**ARTICLES OF ORGANIZATION
OF
H & J Products, LLC**

08 JUL -7 PM 3:06

SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE I - NAME

The name of the limited liability company is H & J Products, LLC, ("company").

ARTICLE II - ADDRESS

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

Principal Office Address:

10 F Street

St. Augustine, Florida 32080

Mailing Address:

1093 A1A Beach Blvd TMB #355

St. Augustine, Florida 32080

**ARTICLE III - REGISTERED AGENT,
REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE**

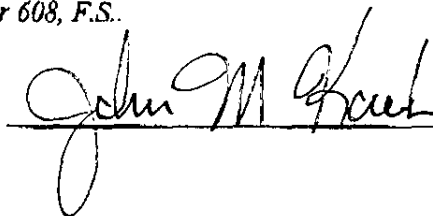
The name and the Florida street address of the registered agent is:

John M. Kocerka

10 F Street

St. Augustine, Florida 32080

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.



Signature

6/26/08
Date

ARTICLE IV - MANAGERS OR MANAGING MEMBERS

The name and address of each Manager or Managing Member is as follows:

Title:

Name and Address:

"MGR" = Manager

"MGMR" = Managing Member

MGMR

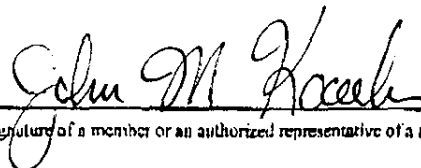
John M. Kocerka
10 F Street
St. Augustine, Florida 32080

ARTICLE V - EFFECTIVE DATE

The effective date of the company shall be the date of filing.

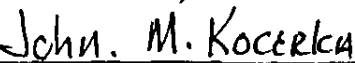
ARTICLE VI - OTHER MATTERS

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.)



Typed or printed name of signer

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