

L08000076511

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

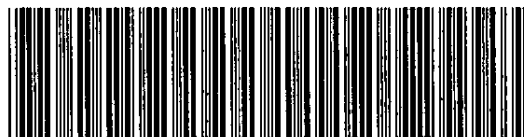
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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07/25/08--01024--009 **130.00

Effective Date

08/05/08

FILED
08 AUG -8 AM 10:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. HAMPTON

AUG 11 2008

EXAMINER

60452-800m

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TA Hazel Limited Liability Company
(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:

Jesse E. Summers

(Name of Person)

Jesse Summers and Associates

(Firm/Company)

4741 Atlantic Blvd. Suite B-4

(Address)

Jacksonville, Florida 32207

(City/State and Zip Code)

For further information concerning this matter, please call:

Jesse E. Summers

(Name of Person)

at (904) 396-1492

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input checked="" type="checkbox"/> \$130.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) | <input type="checkbox"/> \$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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

08 AUG -8 PM 12:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

July 28, 2008

THOMAS A HAZEL
10739 DEERWOOD PARK BLVD
STE 200
JACKSONVILLE, FL 32256

SUBJECT: TA HAZEL LIMITED LIABILITY COPMANY
Ref. Number: W08000035407

We have received your document for TA HAZEL LIMITED LIABILITY COPMANY and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on July 25, 2008. Please amend your document accordingly.

Please return the corrected original and one copy of 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) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 608A00043382

Effective Date 08/05/08

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

TA Hazel Limited Liability Company

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.,")

ARTICLE II - Address:

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

Principal Office Address:

10739 Deerwood Park Blvd.

Suite 200

Jacksonville, Florida 32256

Mailing Address:

10739 Deerwood Park Blvd.

Suite 200

Jacksonville, Florida 32256

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Thomas A. Hazel

Name

10739 Deerwood Park Blvd., Suite 200

Florida street address (P.O. Box **NOT** acceptable)

Jacksonville

FL 32256

City, State, and Zip

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..


Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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TALLAHASSEE, FLORIDA

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

Name and Address:

MGRM

Thomas A. Hazel

10739 Deerwood Park Blvd., Suite 200

Jacksonville, Florida 32256

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: August 5, 2008. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:

Thomas A. Hazel

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.)

Thomas A. Hazel

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)

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08 AUG -8 AM 10:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA