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(Address)

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(Business Entity Name)

(Document Number)

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Office Use Only

Effective Date 06/05/08

07/25/08--01024--009    \*\*130.00

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

FILED

T. HAMPTON  
AUG 11 2008  
EXAMINER

## 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 at (904) 396-1492  
(Name of Person) (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



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

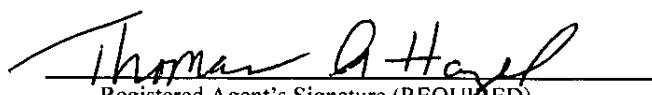
Florida street address (P.O. Box NOT acceptable)

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)

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**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

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(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)

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

FILED