

LD8000098833

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

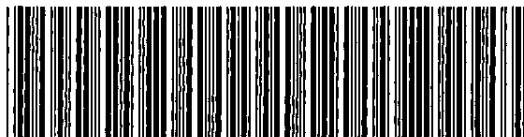
Special Instructions to Filing Officer:

Office Use Only

G. MCLEOD

OCT 21 2008

EXAMINER



200136916452

10/20/08--01015--013 **125.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
08 OCT 20 PM 4: 03

October 8, 2008

Division of Corporations
State of Florida
P.O. Box 6327
Tallahassee, Florida 32314

To Whom it May Concern,

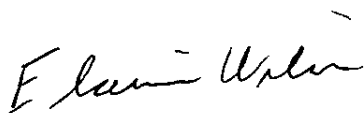
Enclosed please find the forms to file my LLC. I may be contacted at:

Elaine Wilson
836 Rosalie Court
Sanford, Florida 32771

Telephone: 407-221-1131

Thanking you in advance,

Sincerely,

A handwritten signature in cursive script, appearing to read "Elaine Wilson".

Elaine Wilson

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HELPING HANDS HIDDEN TREASURES 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:

ELAINE WILSON

(Name of Person)

Helping Hands Hidden treasures LLC

(Firm/Company)

836 Rosalie Court

(Address)

Sanford, Florida 32771

(City/State and Zip Code)

For further information concerning this matter, please call:

Elaine Wilson

(Name of Person)

at (407) 221-1131

(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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Helping Hands Hidden Treasures, LLC

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

ARTICLE II - Address:

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

Principal Office Address:

836 Rosalia Court, Sanford, FL 32771

Mailing Address:

836 Rosalie Court, Sanford, FL 32771

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:

Elaine Wilson

Name

836 Rosalia Court

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

Sanford, Florida 32771 FL

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)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 OCT 20 PM 4: 03

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Page 1 of 2

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:

MGR

Elaine Wilson

836 Rosalie Court

Sanford, FL 32771

(Use attachment if necessary)

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

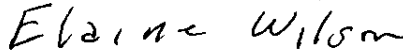
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:



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 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)