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EXAMINER

COVER LETTER

TO: Registration S Division of Co			
ывыст. НJ &	H Real Estate	Invstments, LLC	
SUBJECT:		ited Liability Company)	
The enclosed Articles of	f Organization and fee(s) are	e submitted for filing.	
Please return all corresp	ondence concerning this ma	atter to the following:	
Patricia ⁻	Touchstone		
		(Name of Person)	
Strategio	Corporate Se	rvices Plus, Inc.	
		(Firm/Company)	
1500 Av	enue F Suite 3		
		(Address)	
Ely, NV			
	(C	ity/State and Zip Code)	
For further information	concerning this matter, pleas	se call:	
Patricia Touc	chstone_	at (_866) 310-726	39
(Name	of Person)	(Area Code & Daytime Tele	phone Number)
Enclosed is a check for	or the following amount:		
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	Signature 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 Cl Tallahassee, FL 32301	rcle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
	,
HJ & H Real Estate Investment	ts. LLC 🚟 🖇
(Must end with the words "Limited Liability	
ARTICLE II - Address:	Service Servic
ARTICLE II - Address: The mailing address and street address of the prin	cipal office of the Limited Liability Company is
Principal Office Address:	Mailing Address:
1803 Doomar Drive	1803 Doomar Drive
Tallahassee, Fl 32308	Tallahassee, FL 32308
	Tallallacoo, T. E. Carol
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.) The name and the Florida street address of the registration.	red Agent. You must designate an individual or another
	gistered agent are.
<u> Mark A. Hannon</u>	
Name	
1803 Doomar Driv	
	ess (P.O. Box NOT acceptable)
Tallahassee	FL 32308
City, State, an	d Zip
	ccept service of process for the above stated limited is certificate, I hereby accept the appointment as

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

ARTICLE IV- Manager(s) or Managing Member(s):

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

MGRM"	Mark A. Hannon	
	1803 Doomar Drive	प्रतिन्द (
	Tallahassee, FL 32308	
"MGRM"	Angela K. Hannon	S. T.
	1803 Doomar Drive,	530
	Tallahassee, FL 32308	
		
(Use attachment if necessary)		
LEV: Effective date, if other than the	e date of filing:	. (OPTION

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.)

Mark A. Hannon

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)