12900009446

| (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: | | |
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| | | |

Office Use Only

G. MCLEOD

JAN 29 2009

EXAMINER



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01/28/09--01011--016 **130.00

OF JAN 28 AM II: 10

COVER LETTER

| TO: Registration Section Division of Corporations | |
|--|--|
| SUBJECT: Hardhat 9/obal 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: | |
| William W Smith | |
| Hardhatglobal LLC | |
| (t titili Company) | |
| 360-37B Ave. N. E. | |
| (Address) | |
| Naples, FL. 34120 (City/State and Zip Code) | |
| (City/State and Zip Code) | |
| For further information concerning this matter, please call: | |
| William N Smith at (239) 352-1086 (Name of Person) (Area Code & Daytime Telephone Number) | |
| (Name of Person) (Area Code & Daytime Telephone Number) | |
| Enclosed is a check for the following amount: | |
| \$125.00 Filing Fee \$\sim \sim \sim \sim \sim \sim \sim \sim | |
| Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301 | |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE 1 - Name: The name of the Limited Liability Company is: | · |
|--|--|
| Hardhat global LLC (Must end with the words "Limited Liability | y Company, "L.L.C.," or "LLC.") |
| ARTICLE II - Address: The mailing address and street address of the pri | ncipal office of the Limited Liability Company is: |
| Principal Office Address: | Mailing Address: |
| 360-374 Ave N.E. Naples FL. 34120 | Same |
| 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 re | gistered agent are: |
| William Name | JAN 28 |
| 360 - 37 ^{II} Ave. Florida street addr | ess (P.O. Box NOT acceptable) |
| . Naple s City, State, ar | FL 34120 5 |

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)

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

| <u>Title:</u> "MGR" = Manager | Name and Address: |
|---|---|
| "MGRM" = Managing Member MGR | William N Smith 360-375 Ave. D.E. Naples FL 34120 |
| | |
| · . | |
| · ************************************ | |
| (Use attachment if necessary) | |
| ARTICLE V: Effective date, if other than the (If an effective date is listed, the date must be to or 90 days after the date of filing.) | date of filing: (OPTIONAL) e specific and cannot be more than five business days prior |
| REQUIRED SIGNATURE: | |
| Signature of a member | er or an authorized representative of a member. |
| of this document const that the facts stated h | ection 608.408(3), Florida Statutes, the execution itutes an affirmation under the penalties of perjury herein are true.) |
| <u> </u> | ped 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)