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**EXAMINER** 

## Charles M. Hicks Charles M. Hicks Insurance, LLC. 1342 52<sup>nd</sup> Ave. NE St. Petersburg, FL 33703

January 30, 2009

Secretary of State Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: Charles M. Hicks Insurance, LLC.

Dear Sir or Madam:

Enclosed please find the original and one copy of Articles of Organization, together with a check in the amount of \$155.00. This represents the cost of the Filing Fees, Certified Copy of Articles of Organization and Fee for Registered Agent Designation for the above-named organization.

Very truly yours,

Charles M. Hicks

Charles M. Hicks Insurance, LLC.

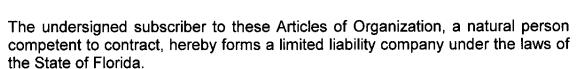
**Enclosures** 

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#### **ARTICLES OF ORGANIZATION**

of

#### CHARLES M. HICKS INSURANCE, LLC.



#### **ARTICLE I - ORGANIZATION NAME**

The name of the organization is Charles M. Hicks Insurance, LLC.

#### **ARTICLE II - DURATION**

The limited liability company shall exist perpetually unless dissolved according to Florida law.

#### **ARTICLE III - PURPOSE**

The limited liability company is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

#### **ARTICLE IV – ORGANIZATION OFFICE**

The organization's principal office address shall be as follows:

1342 52<sup>nd</sup> Ave. NE St. Petersburg, FL 33703

The organization's mailing address shall be as follows:

1342 52<sup>nd</sup> Ave. NE St. Petersburg, FL 33703



### ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT & REGISTERED AGENT'S SIGNATURE

The name and the Florida street address of the Initial Registered Office and Agent of this Organization is:

Charles M. Hicks 1342 52<sup>nd</sup> Ave. NE St. Petersburg, FL 33703

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.

Charles M. Hicks, Registered Agent

#### **ARTICLE VI - MANAGERS**

This organization shall have two (2) managers initially. The number of managers may be either increased or diminished from time to time by the By-Laws, but shall never be less than one (1). The names and addresses of the initial managers of the organization are as follows:

Charles M. Hicks 1342 52<sup>nd</sup> Ave. NE St. Petersburg, FL 33703

Marla M. Hicks 1342 52<sup>nd</sup> Ave. NE St. Petersburg, FL 33703

#### **ARTICLE VII - SIGNER**

The name and address of the person signing these Articles of Organization is as follows:

Charles M. Hicks 1342 52<sup>nd</sup> Ave. NE St. Petersburg, FL 33703

#### ARTICLE VIII - MANAGEMENT

The Limited Liability Company is to be managed by one or more managers who are also members and is, therefore, a member – managed company.

	WHEREOF,			executed , 2009.	these
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Charles M. Hic	ks				

STATE OF FLORIDA COUNTY OF PINELLAS )

BEFORE ME, a Notary Public authorized to take acknowledgments in the State and County set forth above, personally appeared Charles M. Hicks, known to me to be the person who executed the foregoing Articles of Organization, and who acknowledged before me that he executed these Articles of Organization.

IN WITNESS WHEREOF, I have hereunto affixed my hand and seal, in the State and County aforesaid, this 30th day of January, 2009.

Notary Public, State of Florida at Large

My Commission Expires:

