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ISION OF CONFUNAL LAHASSEE. FLOR VALLAHASSEE. FLOR

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: HOOYER Enter DRIZE (Name of Limited Liability Company)	
(Cambo Cambo Campany)	
The enclosed Articles of Organization and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
NORAH & Louis Hooker	
MORAH & Louis Hooker (Name of Person) HOOKER EnterPrize (Firm/Company)	
7623 WOODVILLE HUY	rı
TALL. FLA 32305 (City/State and Zip Code)	77
TAU. FLA 32305 City/State and Zip Code)	j
For further information concerning this matter, please call:	
Nova + Hooker at (SSO) 504 1221 (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 \$\times \text{\$\text{\$\text{\$\text{130.00 Filing Fee} & }}}\$ Certificate of Status \$\text{\$\text{\$\text{\$\text{\$Certified Copy} & }}}\$ Certified Copy (additional copy is enclosed) \$\$\text{\$\tex{	
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

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

ARTICLE II - Address:		
The mailing address and street address of the pr	incipal office of the Limited Liability Compa	ny is:
Principal Office Address:	Mailing Address:	
7623 WOOD VILLE HWY	7623 WOOD VILLE /	tuy
32305	32305 500	./
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)	Office, & Registered Agent's Signature ered Agent. You must designate an individual another and the second	T
The name and the Florida street address of the re	egistered agent are:	m
Louis Hoo.	Ker Con	O
7623 www vi	ress (P.O. Box NOT acceptable)	
TALL City, State, a	FL 32305	

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)

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	MORAH HOOKER
MGRM	LOYIS HOOKER
	THE FLA 32305
	AHAS
	70 8
	FLORIDA
(Use attachment if necessary)	F SIA E FLORIDA
CLE V: Effective date, if other than t	the date of filing: (OPTIONAL be specific and cannot be more than five business day
CLE V: Effective date, if other than t ffective date is listed, the date must days after the date of filing.) REQUIRED SIGNATURE:	

\$125.00 Filing Fee for Articles of Organization and Designation

Filing Fees:

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)