

L09000037799

Florida Department of State  
Division of Corporations  
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H09000094384 3)))



H090000943843ABC4

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : NATIONAL REGISTERED AGENTS, INC.  
Account Number : I20030000062  
Phone : (609) 716-0300  
Fax Number : (609) 716-0820

FLORIDA/FOREIGN LIMITED LIABILITY CO.

Hory RV Sales, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

RECEIVED

09 APR 20 PM 1:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Electronic Filing Menu

T. HAMPTON  
Corporate Filing Menu

APR 21 2009

Help

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
09 APR 20 AM 7:56

EXAMINER

(CC H090000943843))

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - Name:**

The name of the Limited Liability Company is:

Hory RV Sales, 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:**16217 Bridgepark DriveLithia, Florida 33547**Mailing Address:**16217 Bridgepark DriveLithia, Florida 33547**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:

Christopher Hory

Name

16217 Bridgepark DriveFlorida street address (P.O. Box **NOT** acceptable)LithiaFL 33547

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.*

Christopher Hory

By: 

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
09 APR 20 AM 7:56

(CC H090000943843))

(((H09000043843)))

**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:**

MGRM

Christopher Hory

16217 Bridgepark Drive

Lithia, Florida 33547

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

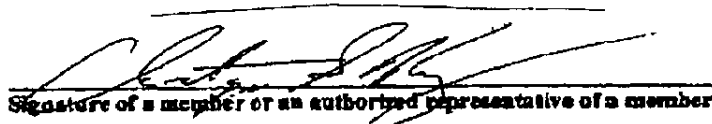
\_\_\_\_\_

(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.)

Christopher Hory

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)**

(((H090000943843)))

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
09 APR 20 AM 7:56