## 10900038267

(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 Eiling Officer						

Special Instructions to Filing Officer:

L. SELLERS

APR 2 1 2009

**EXAMINER** 

Office Use Only



300149600303

04/20/09--01039--019 \*\*125.00

)9 APR 20 AM 8: 45 SECRETARY OF STATE

## **COVER LETTER**

,	TO: Registration Section Division of Corporations					
1	SUBJECT: Man C Hamilton 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:						
alan C Hamilton (Name of Person)						
an C Hamilton LLC (Firm/Company)						
1650 47th St N (Address)						
St Petersburg F1 33713 Wity/State and Zip Code)						
For further information concerning this matter, please call:						
	(Name of Person) at (727) 278-5390 (Area Code & Daytime Telephone Number)					
	Enclosed is a check for the following amount:					
	\$125.00 Filing Fee \$\times \text{\$\}\$}}}\$}\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\e					
	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 I - Name:						
The name of the Limited Liability Company is:						
(Must end with the words "Limited Liability Compar	ny, "L.L.C.," or "LLC.")					
ARTICLE II - Address: The mailing address and street address of the principal of	office of the Limited Liability Company is:					
Principal Office Address: Mailin	ng Address:					
1650 47th St.D. 165 St. Petersburg F1 33713 St	20 47th St N Petersburg F133713					
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	d agent are:					
<u> </u>	<u>on</u>					
1650 47th St N Florida street address (P.O.	Box NOT acceptable)					
St Petersburg City, State, and Zip	33713					
Having been named as registered agent and to accept se liability company at the place designated in this certif registered agent and agree to act in this capacity. I furth statutes relating to the proper and complete performand accept the obligations of my position as registered ag	Sicate, I hereby accept the appointment as were agree to comply with the provisions of all we of my duties, and I am familiar with and					
Registered Agent's Signature (REQ)	SECTION TALLAND					

(CONTINUED)
Page 1 of 2

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BECKETARY OF STATE

"MGR" = N "MGRM" =	Manager Managing Member	Name and Address:	
MG-R	<del>1</del>	Rlan Hamilton 1650 47th St D St Petersburg FI 33713	
(Use attachi	ment if necessary)		
an effective date	ctive date, if other than the is listed, the date must be he date of filing.)	e date of filing: (Coe specific and cannot be more than five bus	)PTIONAL) siness days prior
or 90 days after t			
·	<u>D</u> SIGNATURE:		
·	Signature of a membe	er or an authorized representative of a member.	
·	Signature of a member (In accordance with se of this document const that the facts stated I	ction 608.408(3), Florida Statutes, the execution itutes an affirmation under the penalties of perjury	<b>09 AP</b> SECRE

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

\$125.00 Filing Fee for Articles of Organization and Designation

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