

LD9000044442

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

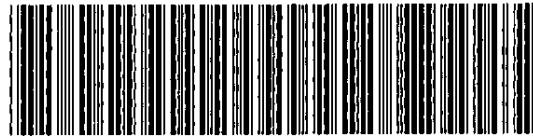
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2009 MAY -6 PM 2:00

FILED

M. THOMAS

MAY -7 2009

EXAMINER

**Interstate Filing Corporation  
2 Mott Street, Suite 403  
New York, NY 10013**

**Tel.(212)925-9406**

**Fax.(212)925-9405**

May 5, 2009

FL Department of State  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Re: Expedite Handling

**HOYALON DAVENPORT LLC**

Dear Mr./Ms.

Enclosed please find a set of Articles of organization together with a check in amount of \$155.00. (\$125.00 filing fee and \$30.00 for a certify copy of the Articles of organization).

Please use the enclosed prepaid envelope for the certify copy of the certificate of incorporation.

Should you need any additional information, please do not hesitate to contact me at 212-925-9406.

Very truly yours,

  
Suring Pun

FILED  
2009 MAY -6 PM 2:00  
TALLAHASSEE  
FLORIDA

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

Hoyalon Davenport 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:

968 Chelsea Drive  
Davenport, FL 33897

#### Mailing Address:

79 Lexington Ave  
Franklin Square NY 11012

### 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:

James L Chang

Name

968 Chelsea Drive

Florida street address (P.O. Box **NOT** acceptable)

Davenport FL 33897

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..*

X 

Registered Agent's Signature (REQUIRED)

(CONTINUED)

**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

MGRM

**Name and Address:**


James L. Chang  
968 Chelsea Drive  
Davenport, FL 33897

(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.)

James L. Chang  
Typed or printed name of signee

2009 MAY -6 PM 2:00

FILED