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(Requestor's Name)
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: HN FINANCIAL, LL	. C.
	ted Liability Company
The enclosed Articles of Organization and fee(s) are	submitted for filing.
Please return all correspondence concerning this mat	tter to the following:
WILLIAM J. Hall	V
	Name of Person
HN FINANCIAL	LLC
	Firm/Company
1990 MAIN ST	STE 750
	Address
SARASOTA, FC	34236
Ci	ty/State and Zip Code
bhahr @	ty/State and Zip Code NAFIC. Com for future annual report notification) see call:
E-mail address: (to be used	for future annual report notification)
For further information concerning this matter, pleas	e call:
WILLIAM J. HALL	at (941) 389 - 5243
Name of Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$130.00 Filing Fee &	\$155.00 Filing Fee & \$160.00 Filing Fee,
Certificate of Status	S155.00 Filing Fee & S160.00 Filing Fee, Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed)
	Street/Courier Address
Registration Section	Registration Section
Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle

Tallahassee, FL 32301



August 17, 2009

WILLIAM J. HAHN 1990 MAIN STREET, STE. 750 SARASOTA, FL. 34236

SUBJECT: HN FINANCIAL, LLC Ref. Number: W09000037131

We have received your document for HN FINANCIAL, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on August 14, 2009. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Letter Number: 109A00027913

Leslie Sellers Regulatory Specialist II

Division of Corporations P.O. POV 6327 Tallahassaa Florida 32214

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
HW FINANCIAL, LLC (Must end with the words "Limited Liability	ty Company ""I I C " or "I I C "
(Must end with the words Elimited Liability	y Company, L.L.C., or LCC.
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1990 MANUST SUITE 750 SARASOTA, FL 34236	SAME HS PRINCE PAL
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.) The name and the Florida street address of the registration.	egistered agent are:
Wicciam V Name 622 CASABELL	1
622 CASABELL	A DR
Florida street address (P.O. l	· · · · · · · · · · · · · · · · · · ·
BRADENTON,	FL 34267
Having been named as registered agent and to a liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per accept the obligations of my position as regist Registered Agent's Signature.	ccept service of process for the above stated limited his certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and tered agent as provided for in Chapter 608, F.S TALLAHASSEE THANSSEE THA
(CONTINU	JED)

Page 1 of 2

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

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u>	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Memb	er .
MCR	WILLIAM J. HAHN
	622 CARABELLA DR
	BRADENTON, FL 34209
MERM	AARON W. NIEC
	3601 TREELINE DR
	VALRICO, FL 33596
	•
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41	
(Use attachment if necessary)	
CLE V: Effective date if other t	than the date of filing: 4vevsr 13, 2009. (OPTIONAL)
	must be specific and cannot be more than five business days pr
0 days after the date of filing.)	
6	
REQUIRED SIGNATURE	T
	(1)
Signature of	a member or an authorized representative of a member.
	, •
	e with section 608.408(3), Florida Statutes, the execution tent constitutes an affirmation under the penalties of perjury
that the facts:	stated herein are true.)
Wil	uran J. Hans
	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)

FILED

99 ANG -B PH 2: 14

SECRETARY OF STATE