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(Business Entity Name)

(Document Number)

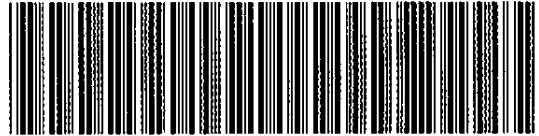
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2009 SEP - 4 AM 8:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

M. THOMAS

SEP - 8 2009

EXAMINER

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Hale Commerce, 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:

Landon D. Hale

Name of Person

Hale Commerce, LLC dba Hale Commerce

Firm/Company

P.O. Box 616853
20120 Commerce Center Dr.

Address

Orlando, FL 32861-6853

City/State and Zip Code

LandonHale@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Landon D. Hale

Name of Person

at (

407

Area Code & Daytime Telephone Number

243-8093

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

2006 SEP - 4 AM 8:41
FILED
TALLAHASSEE, FLORIDA
SECRETARY OF STATE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 25, 2009

LANDON D. HALE
PO BOX 616853
ORLANDO, FL 32861-6853

SUBJECT: HALE COMMERCE, LLC
Ref. Number: W09000038296

We have received your document for HALE COMMERCE, 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):

Florida law requires the street address of the principal office and, if different, the mailing address of the entity. A post office box is not acceptable for the principal office.

A post office box is not an acceptable address for the registered agent.

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) 245-6097.

Marsha Thomas
Regulatory Specialist II

Letter Number: 809A00028643

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Hale Commerce, LLC dba Hale Commerce

(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:

Mailing Address:

28010 Courtleigh Dr
Orlando, FL 32835

PO Box 64685
Orlando, FL 32861-6468

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:

Landon D. Hale

Name

8010 Courtleigh Dr

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

Orlando

FL

32835

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..

Landon Hale

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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CLERK OF STATE
TALLAHASSEE, FLORIDA

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

Landon D. Hale

P.O. Box 616853
Orlando, FL 32861-6853

(Use attachment if necessary)

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

ARTICLE V: Effective date, if other than the date of filing: 9/1/09 (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:

Landon D. Hale

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.)

Landon D. Hale

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)