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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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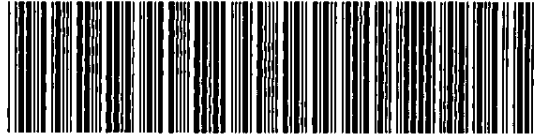
(Business Entity Name)

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TALLAHASSEE, FLORIDA

S. HAWKES

SEP 09 2009

EXAMINER

ELWOOD M. OBRIG, P.A.

Attorney at Law

635 WEST HIGHWAY 50, SUITE A-1
CLERMONT, FL 34711

TEL: (352) 243-2114

Email: obriglaw@yahoo.com

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September 3, 2009

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

IN RE: HoPS Hands-On Problem Solving, L.L.C.

Dear Registrar:

The enclosed Articles of Organization and our law firm check in the amount of \$155.00 for filing fee and Certified Copy fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Elwood M. Obrig, P.A.
635 W. Hwy 50, Suite A-1
Clermont, FL 34711

The email address to use for future annual report notification is:
obriglaw@yahoo.com.

For further information concerning this matter, please call Rebecca Hollingsworth, my paralegal or myself at 352-243-2114.

Yours very truly,

Elwood M. Obrig / *EL* Signed in his absence
to avoid delay.
Elwood M. Obrig, Esq.

EMO:rlh

Enc:

Cc: HoPS MGRM, Daniel Locke

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

HoPS Hands-on Problem Solving, L.L.C.

(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:

206 Hideaway Court
Minneola, FL 34715

Mailing Address:

206 Hideaway Court
Minneola, FL 34715

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:

Rebecca L. Hollingsworth, F.R.P.

Name

6357W. Highway 50 Suite A-1

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

Clermont FL 34711

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..


Registered Agent's Signature (REQUIRED)

(CONTINUED)

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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:

Daniel Locke, MGRM
206 Hideaway Court
Minneola, FL 34715

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TALLAHASSEE, FLORIDA

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: Sept. 1, 2009 (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.)

Daniel Locke

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)