

L09000089855

(Requestor's Name)

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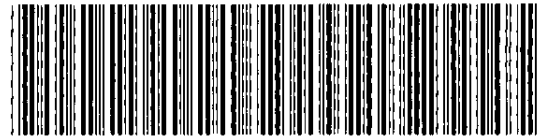
(Business Entity Name)

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09/17/09--01012--023 **155.00

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DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

B. KOHR
SEP 17 2009
EXAMINER

FILED
SECRETARY OF STATE
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CORPDIRECT AGENTS, INC. (formerly CCRS)
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-14

CONTACT: Kim Weidenbach
DATE: 09/17/09
REF. #: 001641.110971
CORP. NAME: HASKINS & ASSOCIATES,LLC

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- | | | |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | | |
| <input type="checkbox"/> OTHER: | | |

STATE FEES PREPAID WITH CHECK# 531765 FOR \$ 155.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ COST LIMIT: \$ _____

PLEASE RETURN:

- | | | |
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| <input checked="" type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS | | |

Examiner's Initials

**ARTICLES OF ORGANIZATION
FOR HASKINS & ASSOCIATES, LLC**

ARTICLE I - NAME

The name of the limited liability company is Haskins & Associates, LLC.

ARTICLE II - ADDRESS

The mailing address and the street address of the principal office of the company is 1718 Main Street, Suite 204, Sarasota, FL 34236.

**ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE AND
REGISTERED AGENT'S SIGNATURE**

The name and the Florida street address of the registered agent are:

LPS CORPORATE SERVICES, INC.
46 North Washington Boulevard, Suite 1
Sarasota FL 34236

Having been named as registered agent and to accept service of process for the above stated limited liability company, 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.

LPS CORPORATE SERVICES, INC.,
a Florida corporation

By:


Alison H. Haskins, Vice President

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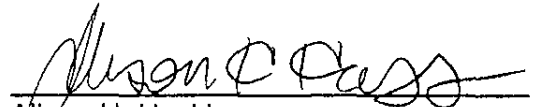
ARTICLE IV - MANAGEMENT

The limited liability company is to be managed by its member or members and is, therefore, a member-managed company. The name and address of the sole and initial managing member is Andrew S. Haskins, 1718 Main Street, Suite 204, Sarasota, FL 34236.

ARTICLE V — LIMITATION ON AGENCY AUTHORITY OF MEMBERS

No member of the company shall be an agent of the company solely by virtue of being a member.

Dated: September 17, 2009



Alison H. Haskins
Authorized Representative of a Member