

109000091368

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

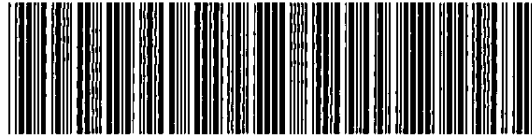
Special Instructions to Filing Officer:

109000041801

Office Use Only

EFFECTIVE DATE

9/14/09



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09/16/09--01012--021 **160.00

FILED

09 SEP 21 AM 11:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

SEP 22 2009

EXAMINER

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: Haylon, 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:

Leslie M. Haywood

Name of Person

Haylon, LLC

Firm/Company

4830 W. Kennedy Blvd., STE 545

Address

Tampa, FL 33609-2584

City/State and Zip Code

shanlon@eBridgeSolutions.com

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

For further information concerning this matter, please call:

Leslie M. Haywood

Name of Person

at (813)

849-6067

Area Code & Daytime Telephone Number

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

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09 SEP 21 AM 11:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 17, 2009

LESLIE M. HAYWOOD
4830 W. KENNEDY BLVD., STE 545
TAMPA, FL 33609-2584

SUBJECT: HAYLON, LLC
Ref. Number: W09000041801

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for HAYLON, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the letters "MGRM" beside the name and address of each managing member and/or the letters "MGR" beside the name and address of each manager listed in the document.

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) 245-6984.

Deborah Bruce
Regulatory Specialist II

Letter Number: 109A00030673

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Haylon, 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:

Mailing Address:

4830 W. Kennedy Blvd., STE 545
Tampa, FL 33609-2584

4830 W. Kennedy Blvd., STE 545
Tampa, FL 33609-2584

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:

Leslie M. Haywood

Name

4830 W. Kennedy Blvd., STE 545

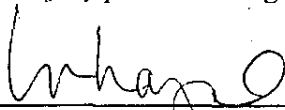
Florida street address (P.O. Box NOT acceptable)

Tampa, FL 33609-2584 FL

City, State, and Zip

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)

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:

Leslie M. Haywood *mgrm*

4135 Saltwater Blvd

Tampa, FL 33615

James E. Hanlon *mgrm*

4135 Saltwater Blvd

Tampa, FL 33615

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 09/14/09 (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:


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.)

Leslie M. Haywood

Typed or printed name of signer

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)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA