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SECRETARY OF STATE
TALLAHASSEE. FLORID,

J. BRYAN

OCT -1 2009

EXAMINER

COVER LETTER

TO:	Registration Section . Division of Corporations
SUBJEC	T: Hepburn Investment Group LLC Name of Limited Liability Company
The encl	osed Articles of Organization and fee(s) are submitted for filing.
Please re	turn all correspondence concerning this matter to the following:
_	Danny Hepburn Name of Person
_	Hepburn Investment Group LLC
	3949 SW Alice St.
_	Port St. Lucie FL 34953 City/State and Zip Code dan_in_fl2000@yahoo.com E-mail address: (to be used for future annual report notification) er information concerning this matter, please call:
	dan_in_fl2000@yahoo.com E-mail address: (to be used for future annual report notification)
	Oliv
_ Do	Anny Hepburn, M6R at (772) 807-9292 Name of Person Area Code & Daytime Telephone Number
Enclosed	l is a check for the following amount:
\$125.00	Filing Fee \$\frac{1}{2}\$\$130.00 Filing Fee \$\frac{1}{2}\$\$\$155.00 Filing Fee \$\frac{1}{2}\$\$\$\$\$\$\$\$\$\$Certificate of Status \$\frac{1}{2}\$
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name:
The name of the Limited Liability Company is:
Hepburn Investment Group LLC (Must end with the words "Limited Liability Company," "E.L.C.," or "LLC.")
Must end with the words "Limited Liability Company," "E.L.C.," or "ELC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liebility Company is:
The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address: Mailing Address:
3949 SW Alice St. Port St. Lucie, FL 34953 Port St. Lucie, FL 34953
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: Effective Date $10/01/09$
Danny Hephurn
3949 5W Alice St., Florida street address (P.O. Box NOT acceptable)
Port St, Lucie FL 3495.3 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)

Page 1 of 2

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	Danny Hepburn 3949 SW Alice St. Port St. Lucie, FL 34953
<u>MGRM</u>	Isabel Hepburn 3949 SW Alice St. Port St. Lucie, Fl. 34953
(Use attachment if necessary)	
CLE V: Effective date, if other that ffective date is listed, the date multiple days after the date of filing.)	n the date of filing: <u>Oct. 1, 2009</u> . (OPTIONAL ust be specific and cannot be more than five business days
REQUIRED SIGNATURE:	20 MGR ember or an authorized representative of a member.
	ith section 608.408(3), Florida Statutes, the execution

Hephurn, MGR Typed or printed hame of signee

that the facts stated herein are true.)

\$125.00 Filing Fee for Articles of Organization and Designation

Filing Fees:

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)