

L10000000275

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

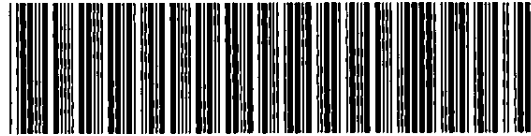
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600164097286

01/04/10--01003--013 \*\*125.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
RECEIVED  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
10 JAN - 4 PM 1:28  
2010 JAN - 4 AM 11:46  
Not Recorded  
TO ACKNOWLEDGE  
SUFFICIENCY OF FILING

B. KOHR

JAN - 4 2010

EXAMINER

## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
10 JAN -4 PM 1:28

HSAs of FLA, LLC

\_\_\_\_ Art of Inc. File \_\_\_\_\_  
\_\_\_\_ LTD Partnership File \_\_\_\_\_  
\_\_\_\_ Foreign Corp. File \_\_\_\_\_  
✓ \_\_\_\_ L.C. File \_\_\_\_\_  
\_\_\_\_ Fictitious Name File \_\_\_\_\_  
\_\_\_\_ Trade/Service Mark \_\_\_\_\_  
\_\_\_\_ Merger File \_\_\_\_\_  
\_\_\_\_ Art. of Amend. File \_\_\_\_\_  
\_\_\_\_ RA Resignation \_\_\_\_\_  
\_\_\_\_ Dissolution / Withdrawal \_\_\_\_\_  
\_\_\_\_ Annual Report / Reinstatement \_\_\_\_\_  
\_\_\_\_ Cert. Copy \_\_\_\_\_  
✓ \_\_\_\_ Photo Copy \_\_\_\_\_  
\_\_\_\_ Certificate of Good Standing \_\_\_\_\_  
\_\_\_\_ Certificate of Status \_\_\_\_\_  
\_\_\_\_ Certificate of Fictitious Name \_\_\_\_\_  
\_\_\_\_ Corp Record Search \_\_\_\_\_  
\_\_\_\_ Officer Search \_\_\_\_\_  
\_\_\_\_ Fictitious Search \_\_\_\_\_  
\_\_\_\_ Fictitious Owner Search \_\_\_\_\_  
\_\_\_\_ Vehicle Search \_\_\_\_\_  
\_\_\_\_ Driving Record \_\_\_\_\_  
\_\_\_\_ UCC 1 or 3 File \_\_\_\_\_  
\_\_\_\_ UCC 11 Search \_\_\_\_\_  
\_\_\_\_ UCC 11 Retrieval \_\_\_\_\_  
\_\_\_\_ Courier \_\_\_\_\_

Signature \_\_\_\_\_

Requested by: SETH

01/04/10 11:00

Name \_\_\_\_\_

Date \_\_\_\_\_

Time \_\_\_\_\_

Walk-In \_\_\_\_\_

Will Pick Up \_\_\_\_\_

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
10 JAN -4 PM 1:28

# **ARTICLES OF ORGANIZATION**

## **FOR**

### **HSAs of FLA, LLC**

The undersigned, for the purpose of forming a company under the Florida Limited Liability Act, hereby adopts the following Articles of Organization.

#### **ARTICLE I: NAME**

The name of the company is **HSAs of FLA, LLC**

#### **ARTICLE II: PRINCIPAL OFFICE**

The principal office and mailing address of the company is **5093 Outlook Drive, Melbourne, FL, 32940.**

### **ARTICLE III: INITIAL REGISTERED AGENT AND ADDRESS**

The name and address of the initial registered agent is **Edward J. Kinberg, Kinberg & Associates, LLC., 1290 W. Eau Gallie Blvd., Melbourne, FL 32935.**

### **ARTICLE IV: MANAGING MEMBERS & MEMBERS**

The name and address of the initial Managing Members and Members of the company are:  
**Dawn Butterfield, Managing Member, 5093 Outlook Drive, Melbourne, FL 32940**

The undersigned has executed these Articles of Organization this 4<sup>th</sup> day of January 2010.

"Your Capital Connection, Inc. by, Branden Allen, Client Representative"

A handwritten signature in black ink, appearing to read "Branden Allen", written over a horizontal line.

Authorized Representative


## **CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of section 608.415, Florida Statutes, the mentioned limited liability company, organized under the laws of the State of Florida, submits the following statement in designating the registered agent and registered office, in the state of Florida.

1. The name of the company is: HSAs of FLA, LLC
  
2. The name and address of the registered agent and office is:

Edward J. Kinberg  
Kinberg & Associates, LLC  
1290 W. Eau Gallie Blvd.  
Melbourne, FL 32935

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED 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.



---