

L10000054974

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☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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FILED
10 MAY AM 11:06
RECORDS OF STATE
TALLAHASSEE, FLORIDA

S. HAWKES

MAY 20 2010

EXAMINER

S. HAWKES

~~MAY 05 2010~~

EXAMINER

L10-22337



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 7, 2010

BRYAN P HALEY
11347 REFLECTION ISLES BLVD
FORT MYERS, FL 33912

SUBJECT: FHA LLC
Ref. Number: W10000022337

We have received your document for FHA LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

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) 245-6955.

Suzanne Hawkes
Regulatory Specialist II

Letter Number: 510A00011544

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FHA 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:

Bryan P Haley

Name of Person

Firm/Company

11347 Reflection Isles Blvd

Address

Fort Myers, FL 33912

City/State and Zip Code

bryan@fhallc.net

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

For further information concerning this matter, please call:

Bryan P Haley

Name of Person

at (239)

Area Code & Daytime Telephone Number

691-2071

248-4572

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

FHA LLC Bryan Haley & Associates, LLC
(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

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TALLAHASSEE, FLORIDA

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

11347 Reflection Isles Blvd

Fort Myers, FL 33912

Mailing Address:

13650 Fiddlesticks Blvd

Ste 202-283

Fort Myers, FL 33912

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:

Bryan P Haley

Name

11347 Reflection Isles Blvd

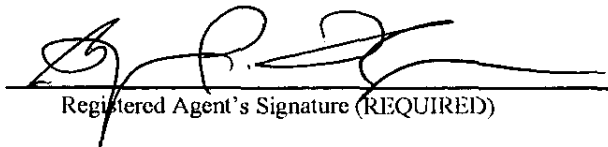
Florida street address (P.O. Box **NOT** acceptable)

Fort Myers

FL 33912

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)

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:

MGRM

Bryan P Haley

11347 Reflection Isles Blvd

Fort Myers, FL 33912

MGRM

Stacy A. Lewis

9272 River Otter Dr

Fort Myers, FL 33912

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(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (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.)

Bryan P Haley

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)