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EXAMINER



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06/14/10--01009--015 **125.00

SECRETARY OF STATE

COVER LETTER

TO: Registration Division of C			
CUD IECT.	Mark	H-12205 / /	
SUBJECT:	Name of Limite	Havzer 14.4	
The enclosed Articles	of Organization and fee(s) are s	submitted for filing.	
Please return all corres	pondence concerning this matte	er to the following:	
	M	ark Hauser	_
		Name of Person	
	Man	& Haurer, L.	40
	<u> </u>	Firm/Company	
	10930	0 102 nd X	weN.
 		O 102 rd 19	
	Son	VIno /e Fl. 3	3>>>
	City	//State and Zip Code	<u> </u>
	E-mail address: (to be used for	or future annual report notification)	
Eas forther information	·	•	
ror turiner information	concerning this matter, please	caii:	
Mark Name	Hauzer of Person	at (<u>813</u>) <u>205</u> Area Code & Daytime Telep	-8688 phone Number
_	or 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)
	Malling 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 C Tallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:
The name of the Elimited Elability Company is.
Mark Hauzer, L.L.C
(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:
10930 102nd AveN. 10930 102nd AveN. Sentroley F1.33>18 Sentroley F1.33>18
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:
Mark Hauzer
Name
10930 102nd Ave N.
Florida street address (P.O. Box NOT acceptable)
Semhole FL 33>>>8 City, State, and Zip
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
Mail Hay
Registered Agent's Signature (REQUIRED)
(CONTINUED)
Page 1 of 2

Title: "MGR" = Mana "MGRM" = Ma	iger inaging Member	Name and Address:
MGRI	<u>u</u>	Mark Hauzer 10980 102 nd Ave. N. Seminoley F1. 88778
	Nile Labor.	
		
		
(Use attachment	• ,	e date of filing: (0-10-76) . (OPTION
LE V: Effective	date, if other than the sted, the date must be	date of filing: <u>(0 / 0)</u> . (OPTION e specific and cannot be more than five business d
LE V: Effective ffective date is li days after the d	e date, if other than the sted, the date must be late of filing.)	date of filing: <u>(0) (OPTION</u> e specific and cannot be more than five business d
LE V: Effective ffective date is li days after the d	e date, if other than the sted, the date must be late of filing.)	e specific and cannot be more than five business d
LE V: Effective ffective date is li days after the d	e date, if other than the sted, the date must be late of filing.)	date of filing: <u>(0) (0)</u> (OPTION e specific and cannot be more than five business d May Hay a er or an authorized representative of a member.
LE V: Effective	e date, if other than the sted, the date must be late of filing.) IGNATURE: Signature of a member (In accordance with secondance with second	Expecific and cannot be more than five business d Mark Fror an authorized representative of a member. Control 608.408(3), Florida Statutes, the execution itutes an affirmation under the penalties of perjury

ARTICLE IV- Manager(s) or Managing Member(s):

\$125.00 Filing Fee for Articles of Organization and Designation

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