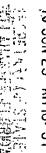
(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
•						
(Business Entity Name)						
•						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filips Officer						
Special Instructions to Filing Officer:						
,						

Office Use Only



300182448453

06/25/10--01006--004 **125.00



S. HAWKES JUN 2 8 2010 **EXAMINER**

COVER LETTER

	Registration : Division of Co			-
SUBJEC	т: <u>Но</u>	RNANDO TOTA Name of Limi	ted Liability Company	Justions, LCC
The enclo	osed Articles o	of Organization and fee(s) are	submitted for filing.	
Please ret	turn all corresp	pondence concerning this mat	tter to the following:	
		DeboRA	H BROWN	
				
		HERNANDO	Computer 1	Repair
		7290 5	ounshing grove	Road
			Address Sille FL 3461 ty/State and Zip Code Relebbie @ 9 ma	
_		Ci	ty/State and Zip Code	
		Compute	Adebbie & 9MA for future annual report notification)	il.com
			•	
For furthe	er information	concerning this matter, pleas	e call:	
<u>D</u>		B ROWN	_at (352) _ 263 - Area Code & Daytime Tele	
	Namo	OI I OISON	And cook to Dayamo Tolo	piloto Hamovi
Enclosed	l is a check fo	or the following amount:		
X \$125.00) Filing Fee	□\$130.00 Filing Fee & Certificate of Status	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 C Tallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:
HERNANDO TOTAL BUSINESS SOLUTIONS, CUC (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:
7290 Sunshing grove Rel 7290 Sunshing grove Rel. Brooks Ville FC 34613 Brooks VIII FC 34613.
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:
DeboraH BROWN
Name
7290 Sunshine arode Rd
7290 Sunshine grove Rd Florida street address (P.O. Box NOT acceptable)
Broksville FL 34613
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" = Manag	Name and Address:	,		
<u>MGR</u>	Lisa M. Thieryung 10 Box 1603 Brookswille, FL 34605			
mge	Delsorat Brown 7290 Sunshine Grave Blooksville FL 3461	e Kal	Ž.	
mar	Scott + Debra Peri 1292 Sunshine Grove Ro Brooksville, Fl 34613	/		
Mga	ROBERT A. KICK, LA 12156 FAIRWAY AVE BROOKSVILLE, FR 3461	3		
(Use attachment if n	necessary)			
(If an effective date is listed to or 90 days after the date REQUIRED SIGN	, the date must be specific and cannot be more than five busin of filing.) ATURE:	TION less d	,	rior
(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.) Deborar H Brown Typed or printed name of signee			: 31	
Filing Fees:				

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

The name and address of each Manager or Managing Member is as follows:

Page 2 of 2

\$125.00 Filing Fee for Articles of Organization and Designation

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