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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

OCT 11 2010

EXAMINER

.PAT GUERNSEY, CPA

PAT GUERNSEY ACCOUNTING SERVICES, INC.
Member American Society of Accountants

P. O. BOX 195549
WINTER SPRINGS, FL 32719-5549
PHONE (407) 365-2936
FAX (407) 365-1669

OCTOBER 4, 2010

Secretary of State
Florida Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Overnight Delivery:
409 E. GAINES STREET
TALLAHASSEE, FL 32399

Dear Madam/Sir:

Enclosed for filing are **two executed copies** of the Articles of Organization for:
acceptance of appointment for:

MARK D. HOHMAN, LLC

Please file document and return a filed copy and certificate status of the Articles of Organization to the address above.

A check for **\$130.00** is enclosed; \$125 for registration and \$5 for a certificate of status.

**PAT
GUERNSEY**

Digitally signed by PAT
GUERNSEY
DN: CN = PAT GUERNSEY,
C = US
Date: 2010.10.04 22:03:31 -
04'00'

PAT GUERNSEY
Certified Public Accountant

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION
OF
MARK D. HOHMAN, LLC

I, the undersigned, being the Member and Organizer of the Limited Liability Company hereby being formed under Chapter 608 of the Florida Statutes, does hereby adopt the following Articles of Organization for the Limited Liability Company under the laws of the State of Florida.

ARTICLE I: NAME

The name of this Limited Liability Company shall be:

MARK D. HOHMAN, LLC

ARTICLE II: ADDRESS

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

**1850 THUNDERBIRD TRAIL
MAITLAND, FL 32751**

ARTICLE III: REGISTERED AGENT, REGISTERED OFFICE, AND
REGISTERED AGENT SIGNATURE

The name and street address of the registered agent are:

**MARK D. HOHMAN
1850 THUNDERBIRD TRAIL
MAITLAND, FL 32751**

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.



MARK D. HOHMAN



Date

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TALLAHASSEE, FLORIDA

ARTICLE IV: MANAGER(S) OR MANAGING MEMBER(S)

The name and address of the sole Member and Managing Member are:

MARK D. HOHMAN
1850 THUNDERBIRD TRAIL
MAITLAND, FL 3751

ARTICLE V: Effective date of the organization shall be the date of filing with the State of Florida. In accordance with 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.

10/6/10
Date


MARK D. HOHMAN
MANAGING 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.

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TALLAHASSEE, FLORIDA