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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

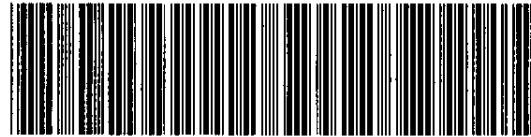
Special Instructions to Filing Officer:

A. LUNT

DEC. 16 2010

EXAMINER

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Honeybee Hammock, 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:

Sabrina Ortengren

Name of Person

Honeybee Hammock, LLC

Firm/Company

2097 CR 245C

Address

Oxford

FL

34484

City/State and Zip Code

opbhq@msn.com

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

For further information concerning this matter, please call:

Sabrina Ortengren

at (352) 330-2886

Name of Person

Area Code & Daytime Telephone Number

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

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TALLAHASSEE, FLORIDA

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**LAW OFFICE OF
LAWRENCE J. MARCHBANKS, P.A.**

110 Cleveland Avenue
Wildwood, Florida 34785
Telephone: (352) 748-5888
Facsimile: (352) 748-1416
E-mail: marchbankspa@earthlink.net

December 13, 2010

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: Honeybee Hammock, LLC

Dear Sirs:

Enclosed please find the following documents regarding organization of the above referenced Florida limited liability company:

- Cover letter;
- Articles of Organization (and one (1) copy); and
- Check #12332, in the amount of \$160.00.

Please return a Certificate of Status and certified copy of the Articles.

Thank you for your attention to this matter. Please do not hesitate to contact our office should you have any questions regarding the enclosed.

Very Truly Yours,

LAWRENCE J. MARCHBANKS, P.A.

Lawrence J. Marchbanks
Lawrence J. Marchbanks

LJM/tn
Enclosures as noted.
cc: Jason and Sabrina Ortengren

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TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION OF
HONEYBEE HAMMOCK, LLC,
A FLORIDA LIMITED LIABILITY COMPANY**

**THE UNDERSIGNED, BEING AUTHORIZED TO EXECUTE AND FILE
THESE ARTICLES OF ORGANIZATION, HEREBY CERTIFIES THAT:**

ARTICLE I – Name:

The name of the Limited Liability Company is: Honeybee Hammock, LLC
(hereinafter referred to as the “Company”).

ARTICLE II – Address:

The mailing address and street address of the principal office of the Limited Liability Company are: 2097 CR 245C, Oxford, Florida 34484.

ARTICLE III – Duration:

The period of duration for the Limited Liability Company shall be: Perpetual.

ARTICLE IV – Management:

The Company is to be managed by the members and the names and addresses of the Managing Members are:

Sabrina Ortengren
2097 CR 245C
Oxford, Florida 34484

ARTICLE V – Admission of Additional Members:

The right, if given, of the members to admit additional members and the terms and conditions of the admissions shall be: As approved by the members and in accordance with the provisions of the Operating Agreement.

ARTICLE VI - Members’ Rights to Continue Business:

The right, if given, of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be: Upon the death, retirement, resignation, expulsion, bankruptcy or dissolution of a member, or the occurrence of an event which terminates the continued membership of a member in the

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limited liability company, the business of the limited liability company shall terminate and the limited liability company shall be dissolved, unless a majority of the remaining members of the limited liability company agree to continue the business of the limited liability company.

ARTICLE VII - Limitation on Agency Authority of Members:

Pursuant to Section 608.4235 of the Florida Limited Liability Company Act, no member of the Company shall be an agent of the Company solely by virtue of being a member, and no member shall have authority to incur debt or contractual liability on behalf of the Company solely by virtue of being a member.

ARTICLE VIII - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

Jason Ortengren
2097 CR 245C
Oxford, Florida 34484

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.

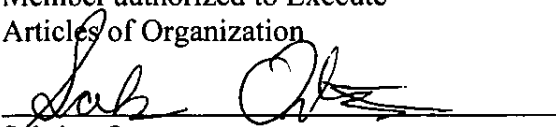

JASON ORTENGREN
Registered Agent

ARTICLE IX - Effective Date:

The effective date for this organization is to be upon execution of these Articles of Organization.

IN WITNESS WHEREOF, I have signed these Articles of Organization and acknowledged them to be my act this 2 day of December, 2010.

Member authorized to Execute
Articles of Organization


Sabrina Ortengren

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(In accordance with Section 608.403(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

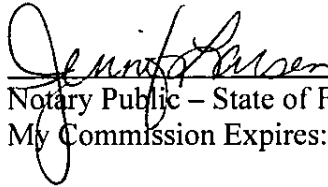
STATE OF FLORIDA

COUNTY OF SUMTER

The foregoing Articles of Organization were acknowledged before me on the 2nd day of December, 2010, by Sabrina Ortengren, ☒ who is personally known to me or ☐ who produced _____ as identification.



JENNIFER L. LARSEN
MY COMMISSION # DD 814599
EXPIRES: August 14, 2012
Bonded Thru Budget Notary Services


Notary Public – State of Florida
My Commission Expires:

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TALLAHASSEE, FLORIDA

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