# L11000021157

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	÷#)
, PICK-UP	MAIT	MAIL
(Bu	usiness Entity Nam	ne)
. (Dc	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		

Office Use Only



300194385943

02/17/11--01051--013 \*\*155.00

FILED 11 FEB 17 AM II: 52 SECRETARY OF STATE SECRETARY OF STATE SECRETARY OF STATE

J. BRYAN

FEB 1 8 2011

**EXAMINER** 

# TROIANO & ROBERTS, P.A.

ATTORNEYS AT LAW

317 S. TENNESSEE AVENUE LAKELAND, FLORIDA 33801-4617

D. A. TROIANO (1929-2005) CLYDE L. ROBERTS (1927-1971)

VICTOR J. TROIANO NICHOLAS J. TROIANO LAURIANE CICCARELLI REPLY TO:
P. O. DRAWER 829

LAKELAND, FLORIDA 33802-0829

TELEPHONE (863) 686-7136

FAX (863) 686-9157

February 16, 2011

# **VIA FEDEX**

Florida Department of State Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399

Re:

Hustle 519, LLC

Our File No.: B110091

Dear Sirs:

Enclosed please find the original and one copy of the Articles of Organization for the above named entity. After filing, please return a certified copy of the Articles to my office as soon as possible. I have also enclosed a check in the amount of \$155.00 to cover your filing fees, registered agent fee and the cost of obtaining a certified copy.

I am also enclosing a prepaid FEDEX mailer for the return of the certified copy of the Articles of Organization.

Thank you for your assistance in this matter. Should you have questions or comments, please contact our office.

Sincerely 1

Victor J. Troiano

VJT/mph Enclosures

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The Name of the Limited Liability Company is: HUSTLE 519, LLC

### ARTICLE II - Address:

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

- a: Mailing Address: 429 Timberlane E, Lakeland, FL 33801-6618 b: Street Address: 429 Timberlane E, Lakeland, FL 33801-6618
- ARTICLE III Registered Agent, Registered Office & Registered Agent's Signature:

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

DAN FLING		
Name		
429 Timberlane E		
Florida street address (Post Office Box NOT acceptable)		
Lakeland, FL 33801-6618		
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 actin 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

# ARTICLE IV – Management (Check applicable box)

\_\_\_\_\_\_ The Limited Liability Company is to be managed by one manager or managers and is, therefore, a manager – managed company.

X The Limited Liability Company is to be managed by one member or members and is, therefore, member - managed company.

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.)

DAN FLING
Typed or printed name of signee