

L11000054365

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

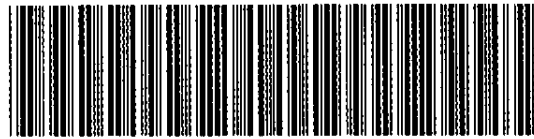
Special Instructions to Filing Officer:

A. LUNT

MAY - 9 2010

EXAMINED

Office Use Only



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05/09/11--01015--001 **125.00

NOT INTENDED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

2011 MAY - 9 AM 9:26

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

SECRETARY OF STATE
TREASURER OF FLORIDA

11 MAY - 9 AM 9:36

FILED

I, Timothy Hamilton own Hamilton Enterprises Inc. of Tallahassee as well as Hamilton Enterprises of Tallahassee LLC.

A handwritten signature in black ink, appearing to read "T. Hamilton", with a stylized flourish at the end.

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Hamilton Enterprises of Tallahassee 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:

Timothy Hamilton
Name of Person
Hamilton Enterprises of Tallahassee LLC
Firm/Company
7733 Holsteiner Lane
Address
Tallahassee FL 32309
City/State and Zip Code
htim 344 @ aol.com
E-mail address: (to be used for future annual report notification)

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MAY - 9 AM 9:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Timothy Hamilton at (950) 251 4725
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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Hamilton Enterprises of Tallahassee LLC
(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:

7733 Holsteiner Ln
Tallahassee FL 32309

Mailing Address:

7733 Holsteiner Ln
Tallahassee FL 32309

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:

Timothy Hamilton
Name
7733 Holsteiner Lane
Florida street address (P.O. Box **NOT** acceptable)
Tallahassee FL 32309
City, State, and Zip

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TALLAHASSEE, FLORIDA

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..

Timothy Hamilton
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

MGR

MGRM

Name and Address:

Timothy Hamilton
7733 Holsteiner Ln
Tallahassee FL 32309

Daniel Hamilton
7733 Holsteiner Ln
Tallahassee FL 32309

(Use attachment if necessary)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

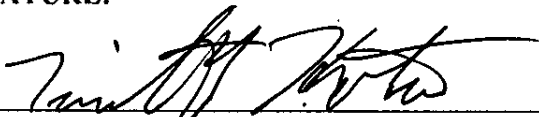
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ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:



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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Timothy Hamilton

Typed or printed name of signee

Filing Fees:

**\$125.00 Filing Fee for Articles of Organization and Designation
of Registered Agent**

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)