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JUN 2 8 2011

EXAMINER



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06/27/11--01009--026 **155.00

COVER LETTER

TO: Registration Section Division of Corporations	note: this is All on word
SUBJECT: HOPE FOR UTO DIA Name of Limited Liability Cor	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
The enclosed Articles of Organization and fee(s) are submitted for fi	ling.
Please return all correspondence concerning this matter to the follow	ing:
KORY W. (aibbs
Firm/Company	
4448 trescutt.	Drive
ORlando, FLorida 32817 City/State and Zip C	
Korya Hoperor U	rtopia, org
For further information concerning this matter, please call:	
Kory 6,665 at 352	2830154 ode & Daytime Telephone Number
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status Certificate of Status (additional of Status)	
Mailing Address Street	/Courier 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 LIA	ABILITY COMPANY'
ARTICLE I - Name: The name of the Limited Liability Company is:	فمم
HOPEFORUTOPIA, LLC (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.	<u>, , , , , , , , , , , , , , , , , , , </u>
ARTICLE II - Address: The mailing address and street address of the principal office of the Limi	ted'Liability Company is:
Principal Office Address: Mailing Address:	•
4448 trescort Drive 4448 trescort ORIANDO, RL 32817 ORIANDO, RL 32817 ARTICLE III - Registered Agent, Registered Office, & Registered A (The Limited Liability Company cannot serve as its own Registered Agent. You must designate a	gent's Signature:
business entity with an active Florida registration.)	
The name and the Florida street address of the registered agent are: KORY Gibbs Name 4448, Trescor Drive	11 JUN 27 PH
Florida street address (P.O. Box NOT acceptable City, State, and Zip	er SATE
Having been named as registered agent and to accept service of process for liability company at the place designated in this certificate, I hereby accepts the registered agent and agree to act in this capacity. I further agree to complete the complete to the registered agent and agree to act in this capacity.	cept the appointment as

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Registered Agent's Signature (REQUIRED)

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.

(CONTINUED)

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ARTICLE IV- Manager(s) or Manager (s) or Manager (s	ger or Managing Member is as follows:
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	KORY GIBBS 4448 TYESCOTT DRIVE ORIGINAD, FL 32817
MGR	July Sancher Ave Orlando, FL: 32803
or 90 days after the date of filing.)	e date of filing: 6/2/ . (OPTIONAL) se specific and cannot be more than five business days pr
REQUIRED SIGNATURE:	
1	
Signature of a membe	er or an authorized representative of a member.
constitutes an affirmation under I am aware that any false inform constitutes a third degree felong	8.408(3), Florida Statutes, the execution of this document or the penalties of perjury that the facts stated herein are true. mation submitted in a document to the Department of State y as provided for in s.817.155, F.S.)
<u>KOR</u>	y Gibbs ged or printed name of signee
	den er krimen imme er eißige.
Filing Fees:	

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\$125.00 Filing Fee for Articles of Organization and Designation

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