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SEMETARY BY STATE
TABLIANAMEE, FLORIDA

COVER LETTER

TO: Registration Division of C				
SUBJECT: 186 Hampton, LLC				
Name of Limited Liability Company				
The enclosed Articles	of Organization and fee(s) are	submitted for filing.		
Please return all corres	pondence concerning this mat	ter to the following:		
Stephen	J. Hanley III			
Name of Person				
		Firm/Company		
2746 De	laware Avenue			
		Address		
Kenmore,	New York 14217			
		y/State and Zip Code		
sjhanley@a		for future annual report notification)		
For further information	concerning this matter, please	e call:		
Stephen J. Han	ley III	at (716) 874-7700		
Name	e of Person	Area Code & Daytime Telephone Number		
Enclosed is a check t	For the following amount:			
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & S160.00 Filing Fee, Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed)		
rolet is	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:				
The name of the Diffice Diability Company is.				
186 Hampton, LLC	•			
(Must end with the words "Limited Liabil	ity Company, "L.L.C.," or "LLC.")			
ARTICLE II - Address:				
The mailing address and street address of the pr	incipal office of the Limited Li	ability C	ompai	ny is:
Principal Office Address:	Mailing Address:			
12838 Lake Jovita Blvd.	12838 Lake Jovita Blvd.			
Dade City, Florida 33525	Dade City, Florida 33525			
(The Limited Liability Company cannot serve as its own Regis business entity with an active Florida registration.) The name and the Florida street address of the range of th	-	idual or and	other	
12838 Lake Jovit	a Blvd.			
	dress (P.O. Box NOT acceptable)			
Dade City	_{FL} 33525			
City, St	ate, and Zip			
Having been named as registered agent and to liability company at the place designated in registered agent and agree to act in this capacit statutes relating to the proper and complete pe accept the obligations of my position as regi	this certificate, I hereby accept to ty. I further agree to comply with erformance of my duties, and I a	he appoir h the prov m familia	ntment visions or with	as of all and
Registered Argent's Signa	dp,	N THE	3	02477
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Page 1 of	2	inco Si	5 P	m

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

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

	= Manager I" = Managing Member	Name and Address:		
MGR		C. Jack Hunt, Jr. 12838 Lake Jovita Blvd. Dade City, Florida 33525		
MGR		Kathleen Hunt 12838 Lake Jovita Blvd. Dade City, Fiorida 33525		
(Use att	achment if necessary)			
If an effective o	Effective date, if other than the data is listed, the date must be ster the date of filing.)	nte of filing: (OPTIONAL) pecific and cannot be more than five business days prior		
<u>REQUI</u>	RED SIGNATURE:			
	Signature of a member of	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.)			
	C. Jack Hunt, Jı	d or printed name of signee		
_	7°1° T			

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)