

L11000093312

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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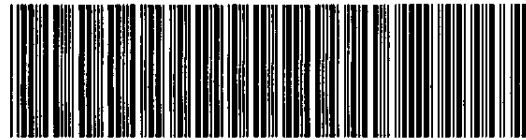
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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600210807616

Effective Date 08/04/11

08/09/11--01008--012 **125.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

AUG 15 2011

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: THE HECORD GROUP, 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:

KEVIN SEAN MARTIN

Name of Person

THE HECORD GROUP, LLC

Firm/Company

3107 NAYLOR ROAD unit c

Address

WASHINGTON, DC SE 20020

City/State and Zip Code

KEVINSEANMARTIN@YAHOO.COM

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

For further information concerning this matter, please call:

KEVIN SEAN MARTIN

Name of Person

at (202) 290-5811

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

THE HECORD GROUP, 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:

780 FISHERMAN ST. SUITE 310
MIAMI, FLORIDA 33054

Mailing Address:

3107 NAYLOR ROAD unit c
WASHINGTON, DC SE 20020

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.)

Effective Date 08/04/11

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

KARLYN WHITAKER

Name

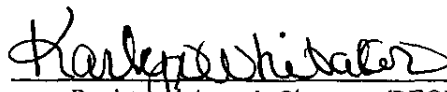
4709 WASHINGTON ST

Florida street address (P.O. Box **NOT** acceptable)

HOLLYWOOD FL 33021

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 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..



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

Name and Address:

PRESIDENT/MGRM

KEVIN SEAN MARTIN
3107 NAYLOR ROAD, unit c
WASHINGTON, DC SE 20020

VICE PRESIDENT

TAMARA PIERCE
70 I STREET SE # 716
WASHINGTON, DC 20003

SECRETARY

CLARENCE L. VAUGHN III
6354 GARY MOORE LANE
TENN, POWELL 37849

TREASURER

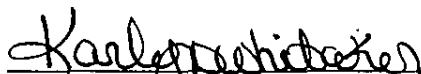
KARLYN WHITAKER
4709 WASHINGTON ST
HOLLYWOOD, FLORIDA 33021

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: AUGUST 4, 2011. (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.)

KARLYN WHITAKER

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)