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SECRETARY OF STATE
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T. CLINE
SEP 29 2011
EXAMINER

# **COVER LETTER**

TO: Registration Section Division of Corporations	٠.			
SUBJECT: HAYDEN GARRET	T PROPERTIES, 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:			
JESSE FOWLER				
	Name of Person			
	Firm/Company			
4777 DOUND LAKE DD				
4777 ROUND LAKE RD	Address			
4 DODI/4 EL 00740				
APOPKA, FL 32712	City/State and Zip Code			
· •				
E-mail address: (to be u	ised for future annual report notification)			
For further information concerning this matter, p	lease call:			
JESSE FOWLER	at ( 407 ) 385-9316			
Name of Person	Area Code & Daytime Telephone Number			
Enclosed is a check for the following amoun	it:			
\$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status				
Mailing Address Registration Section Division of Corporation P.O. Box 6327 Tallahassee, FL 32314	Clifton Building			

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### **ARTICLE I - Name:**

The name of the Limited Liability Company is:

# HAYDEN GARRETT PROPERTIES, 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:	Mailing Address:
4777 ROUND LAKE RD	4777 ROUND LAKE RD
APOPKA, FL 32712	APOPKA, FL 32712

# 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:

JESSE FO	DWLER			
Name				
4777 ROUND LAKE RD				
	Florida street address (P.O. Box <u>NOT</u> acceptable)			
APOPKA	<sub>FL</sub> 32712			
	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)

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:			
MGRM	ALYSSA H. FOWLER			
<del></del>	4777 ROUND LAKE RD			
	APOPKA, FL 32712			
MGRM	JESSE C. FOWLER			
<del></del>	4777 ROUND LAKE RD			
	APOPKA, FL 32712			
MGRM	LESLIE V. HERBERT			
	4777 ROUND LAKE RD			
	APOPKA, FL 32712			
	NANOV O UEDDEDT			
MGRM	NANCY C. HERBERT  4777 ROUND LAKE RD			
	APOPKA, FL 32712			
to or 90 days after the date of filing.)  REQUIRED SIGNATURE:				
RECORDED STORMT ORE.				
Signature of a member	r or an authorized representative of a membe	_ r.		
(In accordance with section 608. constitutes an affirmation under I am aware that any false inform constitutes a third degree felony	408(3), Florida Statutes, the execution of this do the penalties of perjury that the facts stated here nation submitted in a document to the Department as provided for in s.817.155, F.S.)	ocument in are true.	~>	
JESSE C. FOV	•			
	VLER	- ALL	2613	
Filing Fees:	VLER ned or printed name of signee	CRETARY LAHASSE	641 SEP 28	
<u>Filing Fees:</u> \$125.00 Filing Fee for Articles of Organ	VLER ned or printed name of signee	CRETAR	SEP 28	
Filing Fees:	NLER ned or printed name of signee sization and Designation	CRETARY LAHASSE	SEP 2	TE