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SECRETARY OF STATE
FALL SHASSEF, FLORIO

Company

T. CLINE
NOV - 2 2011
EXAMINER

COVER LETTER

TO: Registration of	on Section Corporations		
SUBJECT: JOSE	eph A Hencoski, LLC		
SCHOLECT.	Name of Limited L		
The enclosed Article	es of Organization and fee(s) are subr	nitted for filing.	
Please return all corr	respondence concerning this matter to	o the following:	
<u>Joseph</u>	A. Hencoski		
	Nar	ne of Person	
-	Fin	m/Company	<u></u>
13749	76th Terrace		
		Address	
Seminole	e, FL 33776		
	City/Sta	ate and Zip Code	75 FAS
Hencoski	Team@verizon.net		
For further informati	E-mail address: (to be used for fu on concerning this matter, please cal		2011 NOV -1 SECRETAR)
Becky L. Henc	coski at	(727) 434-3216	م کیار
	me of Person	Area Code & Daytime Telephone Number	THIZH LE
Enclosed is a check	for the following amount:		,
\$125.00 Filing Fee	Certificate of Status	(additional copy is enclosed) Certified (of Status &
	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:	
Joseph A Hencoski, L	LC	
(Must end with the word	"Limited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street add	ress of the principal office of the Limited Liability Compa	ny is:
Principal Office Address:	Mailing Address:	
	Iress of the registered agent are:	and the second
	Name	F-1-
13749 76	Name th Terrace	
F	orida street address (P.O. Box NOT acceptable)	
Seminole	_{FL} 33776	
	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:

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
MGR	Joseph A Hencoski
	13749 76th Terrace Seminole, FL 33776
	Germiolo, i L 33770
MGR	Becky L Hencoski
	13749 76th Terrace
	Seminole, FL 33776
*************************************	DAR S
(Use attachment if necessary)	HASSI
CLE V: Effective date, if other than th	ne date of filing:
-	be specific and cannot be more than five business de
0 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.)

Becky L Hencoski

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)