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(Requestor's Name)				
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PICK-UP WAIT MAIL				
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SECRETARY OF STATE

J. BRYAN
14 2012

EXAMINER

COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT: Ho	BBY COIN Name of Limited	EXCHANGE Liability Company	-, LL	<u> </u>	
The enclosed Articles of	of Organization and fee(s) are su	bmitted for filing.			
Please return all corresp	poindence concerning this matter	to the following:			
MAA	ISICL P.	14 AGCRTY ame of Person		2017 FEB 13 SECRETARY TALLAHASSE	7=
	THO KILMA,	irm/Company		13 PH 3	- r
/	40 KILMAI	Address	RIVE	95 35 95 35	F
FOR	City/S	FL 3	3912	ŕ	_
·	City/S	state and Zip Code			-
	E-mail address: (to be used for	future annual report notificat	ion)		
For further information	concerning this matter, please co	all:			
MANSIEL Name	P. JAGERTY a of Person	at (<u>239</u>) <u>76</u> Area Code & Daytim	8 -28 e Telephone Nun	8 3 nber	
Enclosed is a check for	or the following amount:				
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclose	d) Certific	O Filing Fee, eate of Status & ed Copy all copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Ado Registration Section Division of Corpora Clifton Building 2661 Executive Cer Tallahassee, FL 323	ations		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY				
ARTICLE I - Name: The name of the Limited Liability Company is:				
Hobby Coin Exchange, 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:				
15540 Kilmarnock Drive Fort Myers, FL 33912				
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:				
, , , , , , , , , , , , , , , , , , ,				
MANSIEL P. HAGERTY Name				
15540 Kilmarnock Drive				
Florida street address (P.O. Box NOT acceptable)				
Fort Myers _{FL} 33912				
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>	Deborah L. Hagerty 15540 Kilmarnock Drive Fort Myers, FL 33912
"MGR" = Manager	
"MGRM" = Managing Member	
MGR	Deborah L. Hagerty
	15540 Kilmarnock Drive
	Fort Myers, FL 33912
	SALL 6
(Use attachment if necessary)	
(Obe unue, men marassum,)	•
ARTICLE V: Effective date, if other than	the date of filing: (OPTIONAL)
(If an effective date is listed, the date mus	t be specific and cannot be more than five business days prior
to or 90 days after the date of filing.)	
	,
REQUIRED SIGNATURE:	
	^
h Pl	at the
Signature of a mer	pber or an authorized representative of a member.
•	
(In accordance with section constitutes an affirmation u	608.408(3), Florida Statutes, the execution of this document ander the penalties of perjury that the facts stated herein are true.
I am aware that any false in	formation submitted in a document to the Department of State
constitutes a third degree fe	lony as provided for in s.817.155, F.S.)

MANSICL. P. Hagerty - Member

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)