

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H120001301453)))



H120001301453ABCR

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : HUBCO

Account Number : 104662003400

Phone

: (516)935-3940

Fax Number

: (516)935-3088

\*\*Entor the email address for this business entity to be used for future annual report mailings. Enter only one omail address plasse.\*\*

RECEIVED 2 MAY 14 AM 10: 2 FURETARY OF STATE

, 0

## FLORIDA LIMITED LIABILITY CO.

## 420 Club LLC

Ccrtificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

J. SAULSBERRY EXAMINER

MAY 15 2012

Principal Office Address:

H12000130145

## ARTICLES OF ORGANIZATION FOR

FLORIDA LIMITED LIABILITY COMPANY ARTICLE I - Name The name of the Limited Liability Company is: 420 Club LLC ARTICLE II - Address The mailing address and street address of the principal office of the Limited Liability Company is:

		WHITE TANK AND			
17344 Møditerranean Cr.		17344 Mediterranean Cr.			-
Brooksville, FL 34614		Brooksville, Ft. 34614			-
ARTICLE III - Registered / The name and Florida street address	<del>-</del> • <del>-</del>	e & Registered Agent's Signature	SECRE TALLAH	2812 HAY	· ·
	Scott Simpson	Name	CRETARY OF LAHASSEE,	· 1==	
	1666 Palomino Driv (P.O. Box or M	6 all Drop Box NOT Acceptable)	F STATE FLORIDA	ÅM 9: 3	
	Tomon Sadage El	24800	<b>;&gt;</b> ′	2	

Mailing Address.

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.

(City / State / Zip)

Registered Agent's Signature - | Scott Simpson

H12000130145

ARTICLE IV - Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" - Manager "MORM" = Managing Member \_MGRM\_\_ Bradley C. Reckert - 17344 Mediterranean Cr., Brooksville, FL 34814 MGRM\_ Scott Simpson - 1668 Palomino Drive, Tarpon Springs, FL 34689 (Use attachment if necessary) REQUIRED SIGNATURE: Signature of a member or 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.) Bradley C. Reckert Typed or printed name of signec