

L12000075831

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

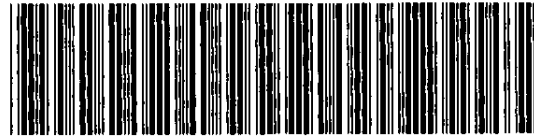
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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06/26/12--01003--003 \*\*25.00

RECEIVED  
12 JUN 26 AM 9:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED  
12 JUN 26 PM 1:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

C. LEWIS  
JUN 27 2012  
EXAMINER

CORPDIRECT AGENTS, INC. (formerly CCRS)  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301  
222-1173

**FILING COVER SHEET**  
**ACCT. #FCA-14**

**CONTACT:** KATIE WONSCH

**DATE:** 06/26/2012

**REF. #:** 001448.168751

**CORP. NAME:** HECTOR & SON, LLC

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> ARTICLES OF INCORPORATION   | <input checked="" type="checkbox"/> ARTICLES OF CORRECTION | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT               | <input type="checkbox"/> TRADEMARK/SERVICE MARK            | <input type="checkbox"/> FICTITIOUS NAME         |
| <input type="checkbox"/> FOREIGN QUALIFICATION       | <input type="checkbox"/> LIMITED PARTNERSHIP               | <input type="checkbox"/> LIMITED LIABILITY       |
| <input type="checkbox"/> REINSTATEMENT               | <input type="checkbox"/> MERGER                            | <input type="checkbox"/> WITHDRAWAL              |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION |  |  |
| <input type="checkbox"/> OTHER:                      |  |  |

STATE FEES PREPAID WITH CHECK# 044879 FOR \$ 25.00

**AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:**

\_\_\_\_\_ **COST LIMIT: \$** \_\_\_\_\_

**PLEASE RETURN:**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> CERTIFIED COPY        | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input checked="" type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS |   |  |

Examiner's Initials

ARTICLES OF CORRECTION  
FOR  
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

FILED  
12 JUN 26 PM 1:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Pursuant to section 608.4115, F.S., this document is being submitted within the required 30 business days to correct the attached articles of organization or application to transact business in Florida.

**FIRST:** The name of the limited liability company is:

HECTOR & SON, LLC L12000075831

**SECOND:** The articles of organization or the application to transact business

(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)

- ☐ Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

ENTITY NAME WAS NOT FULLY DISCLOSED  
ON ARTICLES.

THE COMPANY NAME SHALL BE  
HECTOR & SON COATING, LLC

**OR**

- ☐ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction is as follows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated: \_\_\_\_\_

Armando Flores, MGR 21JUN12  
Signature of a member or authorized representative of a member

ARNALDO ELEAZAR FLORES  
Typed or printed name of signee

Filing Fee: \$25.00  
Certified Copy: \$30.00 (optional)

**Electronic Articles of Organization  
For  
Florida Limited Liability Company**

L12000075831  
FILED 8:00 AM  
June 07, 2012  
Sec. Of State  
gmcleod

**Article I**

The name of the Limited Liability Company is:

HECTOR & SON, LLC

**Article II**

The street address of the principal office of the Limited Liability Company is:

1320 NORTH FOXBORO DRIVE  
BRANDON, FL. US 33511

The mailing address of the Limited Liability Company is:

1320 NORTH FOXBORO DRIVE  
BRANDON, FL. US 33511

**Article III**

The purpose for which this Limited Liability Company is organized is:

ANY AND ALL LAWFUL BUSINESS.

**Article IV**

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

NRAI SERVICES, INC.  
515 EAST PARK AVENUE  
TALLAHASSEE, FL. 32301

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.

Registered Agent Signature: SABRINA TILLAPPAUGH, ASSISTANT SECRETARY

## Article V

The name and address of managing members/managers are:

Title: MGR  
ARNALDO E FLORES  
1320 NORTH FOXBORO DRIVE  
BRANDON, FL. 33511 US

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FILED 8:00 AM  
June 07, 2012  
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gmcleod

Signature of member or an authorized representative of a member

Electronic Signature: BRENT BUSCAY

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.