# 1200011185

(Requestor's Name)			
(Address)			
(Address)			
(City (Chata Tim (Chana 40)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
1			

Office Use Only

G. MCLEOD

JUN 11 2012

**EXAMINER** 



100235548591

06/07/12--01009--021 \*\*125.00

TO:	Registration Section · Division of Corporations			
SUBJE	ECT: HAHNER VENTURES III, 22C  Name of Limited Liability Company			
The en	aclosed Articles of Organization and fee(s) are submitted for filing.			
Please	return all correspondence concerning this matter to the following:			
	CRAIG HAHNER			
	Name of Person			
	Firm/Company			
	Address  Typiter FL 33478  City/State and Zip Code  Landress: (to be used for future annual report notification)			
Address				
	Jupiter VZ 33478			
	City/State and Zip Code			
-	E-mail address: (to be used for future annual report notification)			
For fur	ther information concerning this matter, please call:			
1	Croic Hanner at (954) 275-9901  Name of Person Area Code & Daytime Telephone Number			
Enclos	sed is a check for the following amount:			
\$125.00	Filing Fee \$\int_{\text{\$130.00 Filing Fee}} \& \int_{\text{\$155.00 Filing Fee}} \& \int_{\text{\$160.00 Filing Fee}} \\ \text{Certificate of Status} \\ \text{(additional copy is enclosed)} \\ (additio			
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301			

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## 

Principal Office Address:	Mailing Address:
1615/122 Drive N. Jupiter, 42 33478	16151 122 Drive A Typiter, 04 23478

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:

Name

Craic Haner

Florida street address (P.O. Box NOT acceptable)

16151 132 Drive M. FL 33478

Type 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:

IIIIe:	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
"MGR"	Crais Hahner 16159 122 Drive H. Typiter, FL 23478
	<del></del>
(Use attachment if necessary)	
TENT DOCUMENTAL SEA COMPANIAN AND A	Law SCHOOL G-1-2012 (OPTIONAL)

ARTICLE V: Effective date, if other than the date of filing: 6-1-2012 . (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

### **REQUIRED SIGNATURE:**

Signature of a member of 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.)

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)