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DEPARTMENT OF STATE

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J. BRYAN

AMG 1 3 2012

**EXAMINER** 

## **COVER LETTER**

TO: Registration S Division of Co			
SUBJECT:	HAL BLAN- Name of Limited I	LON LLC Liability Company	
The enclosed Articles of	Organization and fee(s) are sub	mitted for filing.	ANSSE 2
	ondence concerning this matter t	_	Jan 1
HK	IL BLANton	/	
	Na	me of Person	7.
	Fir	nn/Company	
	Big Ruck	- Drive	
	Big Buck	Address .	
TAI	CAHASSER	FLA. 32	3/2
, , ,	City/St	ate and Zip Code	
<del> </del>	E-mail address: (to be used for f	uture annual report notification)	
For further information of	concerning this matter, please cal	M:	
Name (	of Person at	Area Code & Daytime Tele	phone Number
Enclosed is a check for	r the following amount:		
	\$130.00 Filing Fee &	To recognition to the first	<b>1</b> 0170 00 PH; - P-
\$123.00 Filling Fee	Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	]\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address  Resistation Section	Street/Courier Address	
	Registration Section Division of Corporations	Registration Section Division of Corporations	
	P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center C	Sircle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name: The name of the Limited Liability Company is:
HAL BLANTON 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:
1/7 Big Buck DR. 1/7 Big Buck DR. TALL. FEA. 323/2 TALL. FLA. 323/2
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:
HAL BLANTON Name
117 Big Byck DR,  Porida street address (P.O. Box NOT acceptable)

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)

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
Marm	HAL BLAN-FON 117 BIS BUCK, DR. TALL. SELA. 32312
<u>-</u> _	
fective date is listed, the date mu	the date of filing: (OPTION st be specific and cannot be more than five business da
LE V: Effective date, if other than fective date is listed, the date mu days after the date of filing.)	the date of filing: (OPTION st be specific and cannot be more than five business da
LE V: Effective date, if other than fective date is listed, the date mu days after the date of filing.)  REQUIRED SIGNATURE:	the date of filing: (OPTION st be specific and cannot be more than five business date and the specific and cannot be more than five business date and the specific and cannot be more than five business date and the specific and cannot be more than five business date and the specific and cannot be more than five business date and the specific and cannot be more than five business date and the specific and cannot be more than five business date and the specific and cannot be more than five business date and the specific and cannot be more than five business date and the specific and cannot be more than five business date and the specific and cannot be more than five business date and the specific and cannot be more than five business date and the specific and cannot be more than five business date and the specific and cannot be more than five business date and the specific and the specifi

Filing Fees:

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)