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SECRETARY OF STATE, TALL AHASSEE FISHER.

W12-53247

J. BRYAN

OCT 29 2012

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
_{SUBJECT:} Haymaker, LLC	
Name of Limited Liability Compa	iny
The enclosed Articles of Organization and fee(s) are submitted for filing	<u>;</u> .
Please return all correspondence concerning this matter to the following	;
Jeffrey Haymond	
Name of Person	
Haymaker, LLC	
Firm/Company	7. 13
741 S.E. 5th Terrace	ZOIZ OCT 26 PH 2: 45 SECRETARY OF STATE TALL AHASSEE FLORID
Address	HE 17 2
Pompano Beach, Florida 33060	SEE OF
City/State and Zip Code	
jkhaymond@bellsouth.net	rt notification)
, E-mail address: (to be used for future annual repo	rt notification)
For further information concerning this matter, please call:	
Becky Haymond	554-0851
Name of Person Area Code	& Daytime Telephone Number
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\times \$130.00 Filing Fee & Certificate of Status \$\times \$155.00 Filing Certified Copy (additional copy)	Certificate of Status &
Registration Section Registration Division of Corporations P.O. Box 6327 Clifton Bu Tallahassee, FL 32314 2661 Exec Tallahasse	of Corporations uilding cutive Center Circle ce, FL 32301
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FLORIDA DEPARTMENT OF STATE Division of Corporations

October 17, 2012

JEFFREY HAYMOND HAYMAKER, LLC 741 S.E. 5TH TERRACE POMPANO BEACH, FL 33060

SUBJECT: HAYMAKER, LLC Ref. Number: W12000053267



We have received your document for HAYMAKER, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is #P11000059622, HAYMAKER, INC..

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Joey Bryan Regulatory Specialist II

Letter Number: 512A00025629

October 25, 2012

Divisions of Corporations P.O. Box 6327 Tallahassee, FL 32314

RE: Ref. Number W12000053267

Dear Joey Bryan,

As we discussed on the phone today you verified that the name Haymaker Construction, LLC was available. Enclosed is our application with this new name. Should you have any questions I can be reached at 954-554-0851.

Sincerely,

Becky Haymond

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:	
HAYMAKER COUS (Must end with the words "Limited Liability)	TRUCTION, LLC ly Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
741 S.E. 5th Terrace Pompano Beach, FL 33060	741 S.E. 5th Terrace Pompano Beach, FL 33060
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.) The name and the Florida street address of the registration.	red Agent. You must designate an individual or another
Jeffrey Haymond	ALE T
Name	26 28 Y SSI
741 S.E. 5th Terra	CRETARY OF STATE CAHASSEE. FLORIDE STATE OR OF STATE O
Florida street addr	ess (P.O. Box NOT acceptable)
Pompano Beach	_{FL} 33060 을ଳ 5
City, Stat	e, and Zip
	ccept service of process for the above stated limited is certificate. I hereby accept the appointment as

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:

MGRM" = Managing Member	
MGR	Jeffrey Haymond
	741 S.E. 5th Terrace
	Pompano Beach, FL 33060
	70.2
	LL PR
	77
	r e
-	
Use attachment if necessary)	7
E V: Effective date, if other than	the date of filing: (OPTIC
ective date is listed, the date mus lays after the date of filing.)	st be specific and cannot be more than five business
ays after the date of hing.	
REQUIRED SIGNATURE:	

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.)

Jeffrey Haymond

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)