

L12000154987

(Requestor's Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ROBERT KIT KOREY, P.A.
KOREY, SWEET, MCKINNON & SIMPSON
Attorney and Counselors at Law

Robert Kit Korey, P.A.
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Suite A, Granada Oaks Professional Building
595 West Granada Boulevard
Ormond Beach, Florida 32174
Telephone (386)677-3431
Telefax (386)673-0748

December 10, 2012

Registration Section.
Division of Corporation
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

VIA FEDERAL EXPRESS

RE: Articles of Organization

Madam:

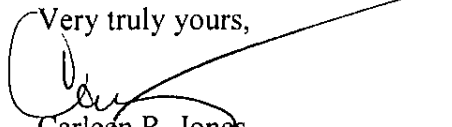
Enclosed please find the Articles of Organization for filing for the following corporation

HMB Holdings LLC

I have enclosed a check in the amount of \$160,000 payable to the Department of State to cover filing fees, certificate of status and certified copy and a return self-addressed envelope for your convenience.

Should you have any questions regarding these enclosures, please do not hesitate to contact

Very truly yours,


Carleen R. Jones
Legal Assistant to R. Kevin Korey

:crj
enclosures

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TALLAHASSEE, FLORIDA

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(850) 245-6051.

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: **HMB Holdings LLC**
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

R. Kevin Korey, Esq.

Name of Person

Robert Kit Korey PA

Firm/Company

595 W. Granada Blvd. Ste. A

Address

Ormond Beach, FL 32174

City/State and Zip Code

Harris@totalcomfortFL.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Carleen Jones

Name of Person

at **(386) 677-3431 x 227**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee ☐ \$130.00 Filing 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

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

HMB Holdings 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:

5575 SR 11

DeLeon Springs, FL 32130

Mailing Address:

5575 SR 11

DeLeon Springs, FL 32130

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:

Daniel R. Harris

Name

5575 SR 11

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

DeLeon Springs 32130

FL

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

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2012 DEC 11 AM 10:39
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TALLAHASSEE, FLORIDA

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

Daniel R. Harris

5575 SR 11

DeLeon Springs, FL 32130

MGRM

Sherron Cook

300 Lake Charles Road

DeLand, FL 32724

MGRM

Elizabeth Knight

4939 SR 11

DeLeon Springs, FL 32130

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____. (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 or 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.)

Daniel R. Harris

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)

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TALLAHASSEE, FLORIDA