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J. BRYAN



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 532126 81514A

AUTHORIZATION :

COST LIMIT : \$ 155.00

ORDER DATE : February 14, 2013

ORDER TIME : 11:05 AM

ORDER NO. : 532126-005

CUSTOMER NO: 81514A

DOMESTIC FILING

NAME: H2P, LLC

EFFECTIVE DATE:

____ ARTICLES OF INCORPORATION
____ CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
____ PLAIN STAMPED COPY
____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Carina L. Dunlap - EXT. 52951

EXAMINER'S INITIALS: _____

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ARTICLES OF ORGANIZATION
FOR FLORIDA LIMITED LIABILITY COMPANY

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TALLAHASSEE, FLORIDA

ARTICLE I – Name:

The Name of the Limited Liability Company is: H2P, LLC

ARTICLE II – Address:

The mailing address and street address of the principal office of the Limited Liability Company are:

a: Mailing Address: 1905 S. Florida Avenue, Lakeland, Florida 33803

b: Street Address: 1905 S. Florida Avenue, Lakeland, Florida 33803

ARTICLE III – Registered Agent, Registered Office & Registered Agent's Signature:

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

Victor J. Troiano

Name

317 S. Tennessee Avenue

Florida street address (Post Office Box **NOT** acceptable)

Lakeland, Florida 33801

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.

[Signature]
Registered Agent's Signature

ARTICLE IV – Management (Check applicable box)

 The Limited Liability Company is to be managed by one manager or managers and is, therefore, a manager – managed company.

 X The Limited Liability Company is to be managed by one member or members and is, therefore, member - managed company.

[Signature] AUTHORIZED REPRESENTATIVE
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.)

Victor J. Troiano

Typed or printed name of signer