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J. SAULSBERRY **EXAMINER** 

APR 3 0 2013

# **COVER LETTER**

TO: Registration Section Division of Corporations  SUBJECT: Hannah 10600 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:	
Enrique Dobrilla	
Name of Person	
Firm/Company	
12133 SW 102ST	
MiAmi FL. 33186	•
enriovedobRitta end Zip Code  enriovedobRitta end Zip Code  E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call: Cell: 786-247-4932  Envioue Dobrilla at 305 596 2921  Name of Person  Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount:	
□\$125.00 Filing Fee & Certificate of Status  Certificate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)	
Mailing Address Street/Courier Address	

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

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

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LJABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:	
Hannah (Must end with the words "Limited Liability)	ity Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pro-	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
121335W 1025T Migmi, Fl. 33186	<u>SAME</u>
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registations)  The name and the Florida street address of the registration.	ered Agent. You must designate an individual or another
<u>En rique</u>	COOPTION 28
121335W. Florida street add	tress (P.O. Box NOT acceptable)
YY ) [A] YY ) City, Sta	$\frac{FL}{\text{ate, and Zip}} \frac{380}{\text{N}}$
liability company at the place designated in the registered agent and agree to act in this capacital statutes relating to the proper and complete	accept service of process for the above stated limited his certificate, I hereby accept the appointment as ity. I further agree to comply with the provisions of e performance of my duties, and I am familiar with gistered agent as provided for in Chapter 608, F.S.

(CONTINUED)

Registered Agent's Signature (REQUIRED)

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:

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	Jovita Dobrilla 12133 Sw. 102 ST MIAMI FL 33186
<del></del>	2813 APR
-	26 T
	8: 22
(Use attachment if necessary)	
TICLE V: Effective date, if other that an effective date is listed, the date is or to or 90 days after the date of filin  REQUIRED SIGNATURE:	must be specific and cannot be more than five business day
Signature of a mo	embor or an authorized representative of a member.
(In accordance with section constitutes an affirmation of I am aware that any false in constitutes a third degree for	n 608.408(3), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true. Information submitted in a document to the Department of State elony as provided for in s.817.155, F.S.)
ENE	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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