

L13000105525

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☒ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

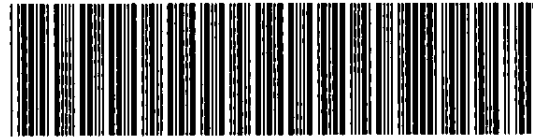
Special Instructions to Filing Officer:

JUL 25 2013

A. LUNT

W13-41800

Office Use Only



500249246935

07/25/13--01001--002 **125.00

FILED
RECEIVED
2013 JUL 24 PM 3:03
2013 JUL 24 PM 3:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
NOT RECORDED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 25, 2013

CORPDIRECT AGENTS, INC.
ATTN: RICKY SOTO
515 EAST PARK AVE.
TALLAHASSEE, FL 32301

SUBJECT: HIXARDT LEVERAGE LENDER LLC
Ref. Number: W13000041800

We have received your document for HIXARDT LEVERAGE LENDER 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 document must contain both the street address of the principal office and the mailing address of the entity.

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) 245-6094.

Agnes Lunt
Regulatory Specialist II

Letter Number: 113A00018003

CORPDIRECT AGENTS, INC. (formerly CCRS)
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-23

CONTACT: **RICKY SOTO**

DATE: **07/24/2013**

REF. #: **8842072**

CORP. NAME: **HIXARDT LEVERAGE LENDER LLC**

- | | | |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | | |
| <input type="checkbox"/> OTHER: | | |

STATE FEES PREPAID WITH CHECK# 70005175 FOR \$ 125.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ **COST LIMIT: \$** _____

PLEASE RETURN:

- | | | |
|--|---|--|
| <input type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input checked="" type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS | | |

Examiner's Initials



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 25, 2013

CORPDIRECT AGENTS, INC.
ATTN: RICKY SOTO
515 EAST PARK AVE.
TALLAHASSEE, FL 32301

PLEASE GIVE ORIGINAL SUBMISSION
DATE AS FILE DATE
7/24/13

SUBJECT: HIXARDT LEVERAGE LENDER LLC
Ref. Number: W13000041800

We have received your document for HIXARDT LEVERAGE LENDER 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 document must contain both the street address of the principal office and the mailing address of the entity.

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) 245-6094.

Agnes Lunt
Regulatory Specialist II

Letter Number: 113A00018003

PLEASE GIVE ORIGINAL SUBMISSION
DATE AS FILE DATE
7/24/13

PLEASE GIVE ORIGINAL SUBMISSION
DATE AS FILE DATE
7/24/13

**ARTICLES OF ORGANIZATION
OF
HIXARDT LEVERAGE LENDER LLC**

FILED
2013 JUL 24 PM 3:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned natural person of the age of eighteen years or more, acting as Organizer of a limited liability company under the Florida Limited Liability Company Act, adopts the following Articles of Organization.

I. NAME

The name of the limited liability company is **Hixardt Leverage Lender LLC** (the "Company").

II. PRINCIPAL PLACE OF BUSINESS

The street address and mailing address of the Company are 119 W. Intendencia Street, Pensacola, Florida 32502.

III. REGISTERED AGENT AND OFFICE AND ADDRESS FOR NOTICES

The initial registered agent of the Company is Michael Hicks, Jr., and the street address of the initial registered office and mailing address of the initial registered agent are 119 W. Intendencia Street, Pensacola, Florida 32502. The Department of State can mail notices to the same address.

IV. PURPOSES AND POWERS

The purpose of the Company is to engage in any lawful act or activity for which limited liability companies may be organized under the Florida Limited Liability Company Act.

V. MANAGEMENT

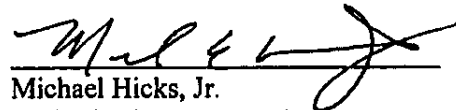
The Company is to be managed by its Manager.

VI. ORGANIZER

The name and address of the Organizer is as follows:

Michael Hicks, Jr.
119 W. Intendencia Street
Pensacola, FL 32502

DATED this 24th day of July, 2013.


Michael Hicks, Jr.
Authorized Representative

FILED

2013 JUL 24 PM 3:09
CLERK OF STATE
TALLAHASSEE, FLORIDA

CONSENT TO APPOINTMENT AS REGISTERED AGENT

Pursuant to Fla Stat. § 608.415(b)(2), Michael Hicks, Jr., hereby consents to serve as registered agent in the State of Florida for the following limited liability company: Hixardt Leverage Lender, LLC (the "Company"). As agent for the Company, Michael Hicks, Jr. will be responsible to accept service of process in the name of the Company; to forward all mail and license renewals to the appropriate members of the Company; and to immediately notify the Office of the Department of State of the State of Florida of its resignation or of any change in the address of the registered office of the Company for which it is agent.

DATED this 24th day of July, 2013.

By: 
Michael Hicks, Jr.

Address of Registered Agent:

Michael Hicks, Jr.
119 W. Intendencia Street
Pensacola, FL 32502

2013 JUL 24 PM 3:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED