## L14000028645

(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:
apecial instructions to 1 ming officer.

Office Use Only



600256389866

02/18/14--01048--007 \*\*155.00



attorneys and counselors at law February 13, 2014

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

Re: H & R CUSTOM CONSTRUCTION, L.L.C.

Dear Sir or Madam:

The enclosed Articles of Organization are submitted for filing, along with payment in the amount of \$155.00, covering the filing fee and cost of one certified copy.

Should you have any questions, please contact me.

Very truly yours,

Michael S. Teal

MST/nae

Enc.

## **COVER LETTER**

TO:	Registration Section Division of Corporations		
SUBJI	ECT: <u>H &amp; R CUSTOM CONSTRUCTIO</u> Name of Lir	DN, L.L.C. nited Liability Company	
The en	closed Articles of Organization and fee(s) a	re submitted for filing.	
Please	return all correspondence concerning this m	natter to the following:	
	MICHAEL S. TEAL, ESQ.	Name of Person	
	MICHAEL S. TEAL, P.A.	Firm/Company	
	333 East New York Avenue, Suite	A Address	
	houghelectric@gmail.	City/State and Zip Code	
For fur	ther information concerning this matter, plea	d for future annual report notifica	ition) .
Fred I	Hough at ( at (	386 ) 960-4400 Area Code Daytime Tel	lephone Number
	ed is a check for the following amount:  00 Filing Fee	☑\$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 Adding Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 3230	ions er Circle

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Company is:		
H & R CUSTOM CONSTRUCTION, L.L.C.		
(Must end with the words "Lir	mited Liability Company, "L.L.C.," or "LLC."	")
ARTICLE II - Address:		
The mailing address and street address of the princi	pal office of the Limited Liability Company is	S:
Principal Office Address:	Mailing Address:	
2000 Arredondo Grant Road	Same as office	
DeLeon Springs FL 32130	•	<del></del>
549 Raulerson Rd. #1	own Registered Agent. You must designate a tration.) stered agent are:	FILED SACRESSEE H
Florida street address (P.O	. Box <u>NOT</u> acceptable)	Q <sub>2</sub> · · · · ·
Seville		
	FL 32190	<b>6</b>
City	FL 32190 Zip	100 100 100

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 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	Fred Hough
	2000 Arredondo Grant Road
	DeLeon Springs FL 32130
MGR	Jack Rawlins
	549 Raulerson Rd., #1
	Seville FŁ 32190
E.V. Effective data if other than the date	of filing (OPTIONAL)
ective date is listed, the date must be sp of filing.)	e of filing: (OPTIONAL) secific and cannot be more than five business days prior to or 90 days
ective date is listed, the date must be sp of filing.)	e of filing: (OPTIONAL) secific and cannot be more than five business days prior to or 90 days
ective date is listed, the date must be sp of filing.)	e of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90 days
ective date is listed, the date must be spof filing.)  E VI: Other provisions, if any.	e of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90 days
ective date is listed, the date must be spot filing.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:	pecific and cannot be more than five business days prior to or 90 days
REQUIRED SIGNATURE:  Signature of a me (In accordance with section 66	ember or an authorized representative of a member.  05.0203 (1) (b), Florida Statutes, the execution of this document
REQUIRED SIGNATURE:  Signature of a me (In accordance with section 60 constitutes an affirmation under	ember or an authorized representative of a member.  05.0203 (1) (b), Florida Statutes, the execution of this document representative of perjury that the facts stated herein are true.
REQUIRED SIGNATURE:  Signature of a me  (In accordance with section 60 constitutes an affirmation undil am aware that any false infor	ember or an authorized representative of a member.  05.0203 (1) (b), Florida Statutes, the execution of this document er the penalties of perjury that the facts stated herein are true.  rmation submitted in a document to the Department of State
rective date is listed, the date must be spof filing.)  LE VI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature of a medical constitutes an affirmation under I am aware that any false information.	ember or an authorized representative of a member.  05.0203 (1) (b), Florida Statutes, the execution of this document representative of perjury that the facts stated herein are true.
rective date is listed, the date must be spof filing.)  LE VI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature of a medical constitutes an affirmation under I am aware that any false information.	ember or an authorized representative of a member.  05.0203 (1) (b), Florida Statutes, the execution of this document or the penalties of perjury that the facts stated herein are true.  rmation submitted in a document to the Department of State
REQUIRED SIGNATURE:  Signature of a me  (In accordance with section 60 constitutes an affirmation undil am aware that any false infor	ember or an authorized representative of a member.  05.0203 (1) (b), Florida Statutes, the execution of this document er the penalties of perjury that the facts stated herein are true.  rmation submitted in a document to the Department of State

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)

ARTICLE IV-