

L14000044717

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

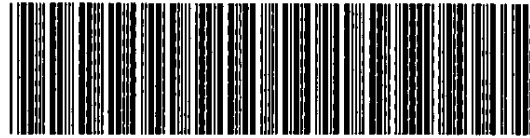
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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RECEIVED  
16 MAR 17 PM 2:33  
STATE OF FLORIDA  
TALLAHASSEE

J. Stivers MAR 18 2014

Glen F. Reilly  
2170 NE 51<sup>st</sup> Court  
Apt C23  
Fort Lauderdale, FL 33308  
Phone: (954) 553 - 4189

March 14, 2014

**Via Regular Mail**

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

Dear Sir or Madam,

Please find enclosed the following documents:

1. Articles of Organization, and
2. A check in the amount of \$160.00 for the filing fee, a Certified Copy and a Certificate of Status.

Please feel free to contact me if any additional information is needed. Thank you.

Sincerely,



Glen F. Reilly

Enclosure: as stated

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Hammerhead Hurricane Products, 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:

Glen F. Reilly

Name of Person

N/A

Firm/Company

2170 NE 51<sup>ST</sup> Court, APT C23

Address

Fort Lauderdale, FL 33308

City/State and Zip Code

greilly954@gmail.com

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

For further information concerning this matter, please call:

Glen F. Reilly

Name of Person

at ( 954 )

Area Code

553-4189

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Hammerhead Hurricane Products, 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:

2170 NE 51<sup>ST</sup> Court  
APT C23  
Fort Lauderdale, FL 33308

Mailing Address:

2170 NE 51<sup>ST</sup> Court  
Apt C23  
Fort Lauderdale, FL 33308

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:

Glen F. Reilly  
Name  
2170 NE 51<sup>ST</sup> Court, Apt C23  
Florida street address (P.O. Box **NOT** acceptable)  
Fort Lauderdale FL 33308  
City 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 605, F.S..

[Signature]  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

**Name and Address:**

Glen F. Reilly

2170 NE 51st Court Apt C23  
Fort Lauderdale FL 33308

(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.)

**ARTICLE VI:** Other provisions, if any.

N/A

**REQUIRED SIGNATURE:**



**Signature of a member or an authorized representative of a member.**

(In accordance with section 605.0203 (1) (b), 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.)

Glen F. Reilly

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)

14 MAY 17 PM 2:33  
STATE OF FLORIDA  
DEPARTMENT OF STATE  
FALLS CHURCH, VA