

L14000048425

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

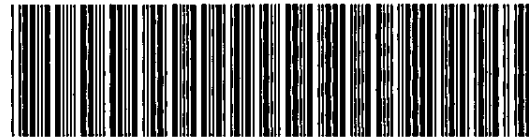
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W14-11554

Office Use Only



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02/20/14--01012--025 **130.00

EFFECTIVE DATE 03-10-14

2014 MAR 20 P 14:57
F11554

B. BOSTICK

MAR 24 2014

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HOOD FAMILY SERVICES, 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:

KIRSTEN HOOD

Name of Person

HOOD FAMILY SERVICES, LLC

Firm/Company

1341 SW 19th Street

Address

Boca Raton, FLORIDA 33486

City/State and Zip Code

bocahoods@me.com

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

For further information concerning this matter, please call:

Kirsten Hood

Name of Person

at (561) 866-0492

Area Code

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

2014 MAR 20 PM 4:57

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

HOOD FAMILY SERVICES, 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:

1341 SW 19th Street
BOCA RATON, FLORIDA 33486

Mailing Address:

1341 SW 19th St.
BOCA RATON, FL 33486

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:

Kirsten Hood
Name
1341 SW 19th St.
Florida street address (P.O. Box **NOT** acceptable)
Boca Raton FL 33486
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.

Kirsten Hood
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

MGR

MGR

Name and Address:

William D. Hood II

1341 SW 19th Street

Boca Raton, FL 33486

Kirsten Hood

1341 SW 19th St.

Boca Raton, FL 33486

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing:

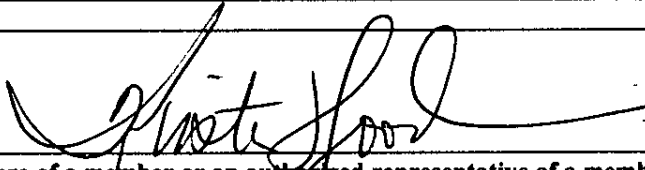
March 10, 2014

(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.

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.)

KIRSTEN HOOD

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)



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 21, 2014

KIRSTEN HOOD
1341 SW 19TH STREET
BOCA RATON, FL 33486

SUBJECT: HOOD FAMILY SERVICES, LLC
Ref. Number: W14000011556

We have received your document for HOOD FAMILY SERVICES, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 605.0207, F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on February 20, 2014. Please amend your document accordingly.

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) 245-6051.

Barbara Bostick
Regulatory Specialist II

Letter Number: 514A00003958

FILED
2014 FEB 20 PM 4:57
TALLAHASSEE, FL