

3/21/2014

Division of Corporations

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : HUBCO
Account Number : 104662003400
Phone : (516) 935-3940
Fax Number : (800) 293-4075

Resubmit
3/24/14

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: mycommunityaddress@yahoo.com**FLORIDA LIMITED LIABILITY CO.****curbnumbers.com, LLC**

Certificate of Status	1
Certified Copy	0
Page Count	02 03
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14 MAR 24 AM 7:59

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3/24/2014 9:44:27 AM PAGE 1/001 Fax Server



March 24, 2014

FLORIDA DEPARTMENT OF STATE
Division of Corporations

HUBCO

SUBJECT: CURBNUMBERS.COM, LLC.
REF: W14000018438

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Jenna D Harris
Regulatory Specialist II

FAX Aud. #: H14000069213
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

P.O. BOX 6327 - Tallahassee, Florida 32314

H14000069213

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

curbnumbers.com, 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:

Mailing Address:

873 Southern Creek Drive
Saint Johns, FL 32259

P.O. Box 600496
Jacksonville, FL 32260

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:

David Kirk

Name

873 Southern Creek Drive

Florida street address (P.O. Box NOT acceptable)

Saint Johns

FL 32259

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..

David M. Kirk

Registered Agent's Signature (REQUIRED)

David Kirk

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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:**David Kirk873 Southern Creek DriveSaint Johns, FL 32259

(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.**REQUIRED SIGNATURE:**David M. Kirk

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.)

David Kirk

Typed or printed name of signee

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