# LIH 0000056397

(Requ	uestor's Name)	
(Addı	ress)	
(Addı	ress)	
(City/	State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Nar	me)
(Doc	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Fi	ling Officer:	





700258383047

04/04/14--01029--011 \*\*155.00



B. BOSTICK

APR - 7 2014

EXAMINER

## COVER LETTER

TO: Registration Division of C	Section Corporations			
SUBJECT: H	Name of Lir	Sroup (HSG		
The enclosed Articles	of Organization and fee(s) a	re submitted for filing.		
Please return all corre	spondence concerning this m	atter to the following:		
	Pavia Abo	dollah		
		Name of Person		
	N/	4		
<del>,</del>		Firm/Company		
	acksonville	on ridge cour	`+	
		_		
<u>CC BCI</u>	E-mail address: (to be use	4 6 small.co	ation)	
	n concerning this matter, ple		(a) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	
Sakinah	Abdollah at (	904) <u>338-2</u>	<u>656</u>	; -
Nar	ne of Person	Area Code Daytime Te	lephone Number	, i
Enclosed is a check for	or the following amount:		lephone Number	,
□ \$125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)	
Ma	lling Adduses	Street/Courier Add	rass	

### 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

Hazel Star Group (H5G) LLC.

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE I - Name:

ARTICLE II - Address:

The name of the Limited Liability Company is:

The mailing address and street address of the principal offi	ce of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1299 Brighton ridge court Jacksonville FL 32218	1299 Brighton ricige Court Jochsonville FL 32218
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own Reanother business entity with an active Florida registration.)	egistered Agent. You must designate an individual or
The name and the Florida street address of the registered ag	gent are:
Paula Abal	511ah
Nume	
1299 Brighton Florida street address (P.O. Box M	ridge court
<u>Jacksonville</u>	FL 32218 Zip
the place designated in this certificate, I hereby accept to capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the oblig	ice of process for the above stated limited liability company at the appointment as registered agent and agree to act in this all statutes relating to the proper and complete performance actions of my position as registered agent as provided for in 605, F.S
Registered Agent's Signatur	re (REQUIRED)
(CONTINUE)	D)
Page 1 of 2	

AMBR" ≈ Authorized Member MGR" = Manager	Name and Address:
	5.44
AMBA	Sakinah Abdullah
	1299 Brighton ridge court
Jse attachment if necessary)	
V: Effective date, if other than the date of fili- tive date is listed, the date must be specific filing.)	ing: (OPTIONAL) and cannot be more than five business days prior to or 90
V: Effective date, if other than the date of filing tive date is listed, the date must be specific filing.)  VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member (In accordance with section 605.020)	and cannot be more than five business days prior to or 90  or an authorized representative of a member.  (3 (1) (b), Florida Statutes, the execution of this document
V: Effective date, if other than the date of filing date is listed, the date must be specific filing.)  VI: Other provisions, if any.  EEOUIRED SIGNATURE:  Signature of a member (In accordance with section 605.020 constitutes an affirmation under the I am aware that any false information constitutes a third degree felony as provided the section of t	or an authorized representative of a member.  (3 (1) (b), Florida Statutes, the execution of this document penalties of perjury that the facts stated herein are true. In submitted in a document to the Department of State provided for in s.817.155, F.S.)
V: Effective date, if other than the date of filing date is listed, the date must be specific filing.)  VI: Other provisions, if any.  EEOUIRED SIGNATURE:  Signature of a member (In accordance with section 605.020 constitutes an affirmation under the I am aware that any false information constitutes a third degree felony as p	or an authorized representative of a member.  3 (1) (b), Florida Statutes, the execution of this document penalties of perjury that the facts stated herein are true. In submitted in a document to the Department of State provided for in s.817.155, F.S.)
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