

L14000090630

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

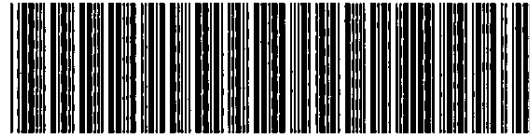
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Sign RA L14-32164

Office Use Only



400260103854

EFFECTIVE DATE
6-1-2014

05/14/14--01002--001 **160.00

FILED
2014 MAY 30 PM 4:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
JUN - 5 2014



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 21, 2014

ELIZA HAWASH AND JOE HAWASH
6900 TURKEY LAKE RD, STE. 2-3
ORLANDO, FL 32819

SUBJECT: HAWASH GROUP, LLC
Ref. Number: W14000032164

We have received your document for HAWASH GROUP, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list only one registered agent.

The registered agent must sign accepting the designation.

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.

Karen A Saly
Regulatory Specialist II

Letter Number: 314A00011050

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: HAWASH GROUP, 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:

ELIZA HAWASH and Joe Hawash

Name of Person

HAWASH GROUP LLC

Firm/Company

6900 TURKEY LAKE ROAD, SUITE 2-3

Address

ORLANDO, FL 32819

City/State and Zip Code

eliza.hawash@gmail.com

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

For further information concerning this matter, please call:

JOE HAWASH

Name of Person

at (407)

Area Code

340-7472

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:

EFFECTIVE DATE
6-1-2014

HAWASH GROUP, 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:

6900 TURKEY LAKE ROAD SUITE 2-3
ORLANDO, FL 32819

4826 MYRTLE BAY DRIVE
ORLANDO, FL 32829

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:

ELIZA HAWASH

Name

6900 TURKEY LAKE ROAD SUITE 2-3

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

ORLANDO

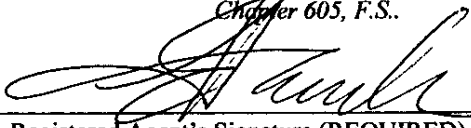
City

FL 32819

Zip

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TALLAHASSEE, FLORIDA

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)

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:

ELIZA HAWASH
4826 MYRTLE BAY DRIVE
ORLANDO, FL 32829

AMBR

JOE HAWASH
4826 MYRTLE BAY DRIVE
ORLANDO, FL 32829

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: JUNE 1, 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.)

Eliza Hawash & Joe Hawash
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)