

L 14000095125

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

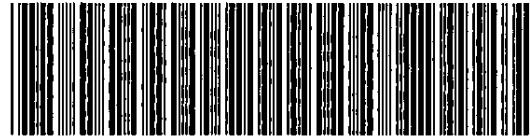
(Business Entity Name)

(Document Number)

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14 JUN 13 PM 4:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. Burch JUN 13 2014

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: H & R MANAGEMENT, 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:

ROSE SMITLEY  
Name of Person

H & R MANAGEMENT, LLC  
Firm/Company

6950 LAFAYETTE  
Address

PINELLAS PARK, FL 33781  
City/State and Zip Code

ROSESMITLEY@YAHOO.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ROSE SMITLEY at ( 727 ) 631-1474  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |   |  |   |
|--|---|--|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input checked="" type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 23, 2014

ROSE SMITLEY  
6950 LAFAYETTE  
PINELLAS PARK, FL 33781

SUBJECT: H & R MANAGEMENT, LLC  
Ref. Number: W14000032635

We have received your document for H & R MANAGEMENT, LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

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.

Tim Burch  
Regulatory Specialist II

Letter Number: 214A00011266

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

~~H & R MANAGEMENT, LLC~~ IAWI Management, 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:

11225 US HWY 19N  
CLEARWATER, FL 33764

Mailing Address:

6950 LAFAYETTE  
PINELLAS PARK, FL 33781

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:

ROSE SMITLEY  
Name  
6950 LAFAYETTE  
Florida street address (P.O. Box NOT acceptable)  
PINELLAS PARK FL 33781  
City Zip

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*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..*

*Rose Smitley*  
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:**

HEATHER LYNN FARRIS

11225 US HWY 19N

CLEARWATER, FL 33764

AMBR

ROSE ELLEN SMITLEY

6950 LAFAYETTE

PINELLAS PARK, FL 33781

AMBR

BRADLY ALAN FENNER

11225 US HWY 19N

CLEARWATER, FL 33764

AMBR

ETHEL JEAN TRUONG

11225 US HWY 19N

CLEARWATER, FL 33764

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TALLAHASSEE, FLORIDA

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(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.

PURPOSE IS TO PROVIDE BUSINESS ANALYSIS. BUSINESS COORDINATION. BUSINESS  
EFFICIENCY TO OTHER ORGANIZATIONS

**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.)

ROSE ELLEN SMITLEY

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)