

L14000058468

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

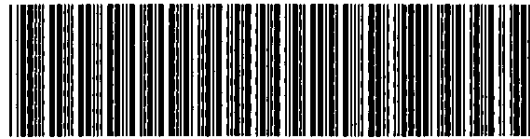
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000261292050

06/19/14--01020--008 **155.00

FILED
14 JUN 19 PM 1:41
TALLAHASSEE, FLORIDA

JACKSON & ARRINGTON, PLLC

ATTORNEYS AT LAW
309 SOUTH 40TH AVENUE
HATTIESBURG, MISSISSIPPI 39402

ROBERT T. JACKSON, SR.
ROBERT T. JACKSON, JR.
DEREK R. ARRINGTON
D. NATHAN SMITH
G. NEIL ROGERS

MAILING ADDRESS:
P. O. BOX 15517
HATTIESBURG, MS 39404-5517

June 17, 2014

TELEPHONE: (601) 264-3309
FACSIMILE: (601) 264-6044
E-mail: rtjr@jacksonfirm.com

Via Federal Express: 8047-4560-6670

State of Florida
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: Formation of Florida LLC: HAHACD, LLC

Gentlemen:

Enclosed herewith please find the Articles of Organization for HAHACD, LLC, along with our firm check in the amount of \$155.00 in payment of the filing fee. Please file this document of record and return a certified copy to me as requested.

If you have questions or need additional information, please do not hesitate to let me know.

Your assistance in this matter is appreciated.

With best regards,

Very truly yours,

JACKSON & ARRINGTON, PLLC



Robert T. Jackson, Jr.
Signed in his absence to avoid delay

RTJjr:jpp

Enclosures

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: HAHACD, 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:

Robert T. Jackson, Jr.

Name of Person

Jackson & Arrington, PLLC

Firm/Company

Post Office Box 15517

Address

Hattiesburg, MS 39404-5517

City/State and Zip Code

John.Mangum@CAPTRUSTadvisors.com

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

For further information concerning this matter, please call:

Robert T. Jackson, Jr.

at (601)

264-3309

Name of Person

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

HAHACD, 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:

9774 Gault St
Orlando, FL 32863

Mailing Address:

9774 Gault Street
Orlando, FL 32863

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:

Nicole Dix

Name

9774 Gault Street

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

Orlando FL 32863

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..

Nicole Dix

Registered Agent's Signature (REQUIRED)

(CONTINUED)

14 JUN 19 PM 1:01
TALLAHASSEE, FLORIDA

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:

Hasean Clinton Dix

9774 Gault Street

Orlando, FL 32863

(Use attachment if necessary)

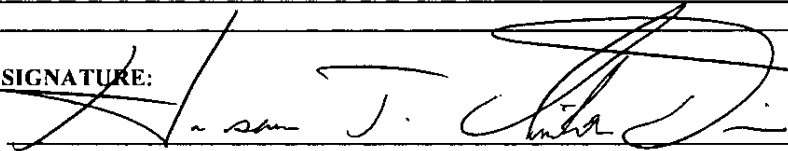
ARTICLE V: Effective date, if other than the date of filing: Immediate. (OPTIONAL)

(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.

The entity is Member-Managed.

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.)

Hasean Clinton Dix

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)

FILED
14 JUN 19 PM 1:41
TALLAHASSEE, FLORIDA