

L14000106338

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

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MAIL

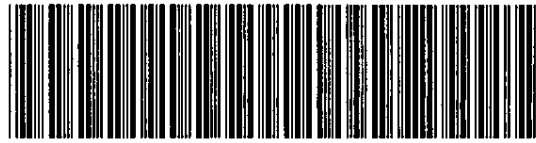
(Business Entity Name)

(Document Number)

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DEPT. OF STATE
MILWAUKEE, FLORIDA

14 JUL -3 PM 6:15

FILED

W4435090

J. B. ... (JUL -3 2014)

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: HH Property Management L.L.C.
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:

William N. Hammergren
Name of Person

Firm/Company

1773 Coco Plum ST. NE
Address

Palm Bay, Florida 32905
City/State and Zip Code

whammergren@cfl.r.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

William N. Hammergren at (321) 368-2403
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 6, 2014

WILLIAM N HAMMERGREN
1773 COCO PLUM ST NE
PALM BAY, FL 32905

SUBJECT: HH PROPERTY MANAGEMENT L.L.C.
Ref. Number: W14000035290

We have received your document for HH PROPERTY MANAGEMENT L.L.C. and your check(s) totaling \$125.00. 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.

To make the necessary corrections and resubmit your filing, return to our website and access electronic filing, then online filing. Choose to update your request by using the confirmation number and the pin number listed above. For any questions concerning the website, please call 850-245-6939. **Please disregard this letter, if you have contacted our office and were advised how to correct your document online.**

If you have any further questions concerning your filing, please call (850) 245-6051.

Tim Burch
Regulatory Specialist II
Registration Section

Letter Number: 014A00012236

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

321 Property Management L.L.C.

(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:

1773 Coco Plum St. NE
Palm Bay
Florida, 32905

1773 Coco Plum St. NE
Palm Bay
Florida, 32905

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:

William Hammergren
Name

1773 Coco Plum St. NE
Florida street address (P.O. Box **NOT** acceptable)

Palm Bay FL 32905
City Zip

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 JUL -3 PM 4:45

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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..

William Hammergren
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

AMBER

Name and Address:

William Hammergren
1773 Coco Plum St. NE
Palm Bay, Florida 32905

AMBER

Eric D. Henderson
2338 Romona Ave. SE
Palm Bay, Florida 32909

(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:

William N. Hammergren

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.)

William N. Hammergren

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)

14 JUL -3 PM 4:45
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA