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(Re	questor's Name)	<u> </u>
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(Cit	ty/State/Zip/Phone	e #)
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COVER LETTER .

	egistration Section ivision of Corporations
SUBJECT	: Hurlbert Industrial Services, LLC
	Name of Limited Liability Company
The enclose	ed Articles of Organization and fee(s) are submitted for filing.
Please retu	rn all correspondence concerning this matter to the following:
	Joe K. Moore Name of Person
	Name of Person
	Attorney at Law
	Firm/Company
	One San Jose Place, Suite 17
	Address
	Jacksonville, Fl 32257
	City/State and Zip Code
	driver1146@Yahoo.com E-mail address: (to be used for future annual report notification)
For further	information concerning this matter, please call:
Jœ I	K. Moore at (904) 262-2496
	Name of Person Area Code Daytime Telephone Number
Enclosed is	a check for the following amount:
☑ \$125.00 Fii	ling Fee
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:		
Hurlbert Industrial Services,		
(Must end with the words "Limi	ted Liability Company, "L.L.C.," or '	'LLC.")
ARTICLE II - Address:		
The mailing address and street address of the principal	l office of the Limited Liability Com	pany is:
Principal Office Address:	Mailing Address:	
9042 Sandler Road	9042 Sandler Road	
Jacksonville, Fl 32222	Jacksonville, El 322	222
ARTICLE III - Registered Agent, Registered Office (The Limited Liability Company cannot serve as its of another business entity with an active Florida registration of the register and the Florida street address of the register.	wn Registered Agent. You must designation.)	
The name and the Florida street address of the registe	red agent are.	
Lance R. Hurlber		
	me	
9042 Sandler Roa		
Florida street address (P.O. I		
Jacksonville	FL 32222	
City	Zip	
Lane Ba	cept the appointment as registered agons of all statutes relating to the proper obligations of my position as register napter 605, F.S Granture (REQUIRED)	ent and agree to act in this r and complete performance

	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager MGR	Lance R. Hurlbert
TION	9042 Sandler Road
	Jacksonville, Fl 32222
	odomonivaskoj ik obbba
ective date is listed, the date must be spe-	of filing:
LE V: Effective date, if other than the date of	of filing:
LE V: Effective date, if other than the date of fective date is listed, the date must be spend of filing.) LE VI: Other provisions, if any. REQUIRED SIGNATURE:	and cannot be more than five business days prior to or 90 o
E V: Effective date, if other than the date of ective date is listed, the date must be specifiling.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a mer (In accordance with section 605 constitutes an affirmation under I am aware that any false inform	mber or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true. mation submitted in a document to the Department of State
E V: Effective date, if other than the date of ective date is listed, the date must be specifiling.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a mer (In accordance with section 605 constitutes an affirmation under I am aware that any false inform constitutes a third degree felony	mber or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document of the penalties of perjury that the facts stated herein are true. The penalties of perjury that the Department of State of as provided for in s.817.155, F.S.)
E V: Effective date, if other than the date of ective date is listed, the date must be specifiling.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a mer (In accordance with section 605 constitutes an affirmation under I am aware that any false inform constitutes a third degree felony	mber or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true. mation submitted in a document to the Department of State

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