

L15000070820

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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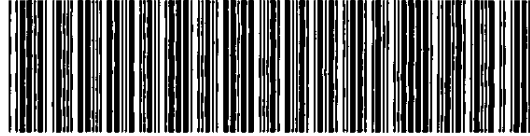
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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15 APR -3 AM 9:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

4/23/15

EIN 47-3548153

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Hoffman Investment Trust 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:

Jeffrey S. Hoffman  
Name of Person

\_\_\_\_\_  
Firm/Company

15507 Linn Park Terrace  
Address

Lakewood Ranch, FL 34202  
City/State and Zip Code

JeffS.Hoffman@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jeffrey S Hoffman at (248) 310-0613  
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

RECEIVED  
DIVISION OF STATE  
CORPORATIONS  
TALLAHASSEE, FL 32301

15 APR - 3 AM 9:20

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

15 APR -3 AM 9:20

ARTICLE I - Name:

The name of the Limited Liability Company is:

Hoffman ~~Invest~~ INVESTMENT TRUST LLC  
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

15507 LINN PARK TERRACE  
LAKEWOOD RANCH  
FL 34202

SAME

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:

JEFFREY S. HOFFMAN  
Name

15507 LINN PARK TERRACE  
Florida street address (P.O. Box **NOT** acceptable)

LAKEWOOD RANCH FL 34202  
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.

[Signature]  
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

AMBR

AMBR

AMBR

**Name and Address:**

Jeffrey S Hoffman  
15507 Linn Park Terrace  
Oakwood Ranch, FL 34202

Eric Hoffman  
55 West 25th Apt 9J  
New York, New York 10010

Susan Hoffman  
15507 Linn Park Terrace  
Oakwood Ranch, FL 34202

Alexander Hoffman  
59 West 12th Apt 14E  
New York, New York 10011

(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:**

Jeffrey S Hoffman  
Signature of a member or an authorized representative of a member.  
(In accordance with section 605.0205 (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.)

Jeffrey S Hoffman  
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)