

L15000189687

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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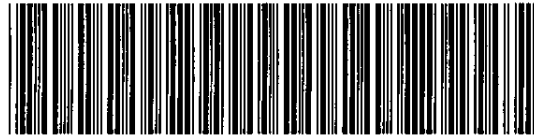
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOV 12 2015

J SHIVERS

SUBJECT:

Hester's Wholesale 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:

Loresa Hester

Name of Person

Hester's Wholesale L.L.C

Firm/Company

84 Shoreland DR

Address

Key Largo, FL 33037

City/State and Zip Code

loresa hester@gmail.com

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

For further information concerning this matter, please call:

Loresa Hester

at

772

Area Code

985-4041

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

New Filing Section

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

Street Address

New Filing Section

Division of Corporations

Chilton Building

2661 Executive Center Circle

Tallahassee, FL 32304

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Hester's Wholesale 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:

84 Shoreland dr
Key Largo, FL
33037

Mailing Address:

P.O. Box 1105
Key Largo, FL
33037

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:

Lorena Hester
Name
84 Shoreland DR.
Florida street address (P.O. Box **NOT** acceptable)
Key Largo, FL 33037
City State Zip

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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 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)

Title:

"AMBR" = Authorized Member

"MGR" = Manager

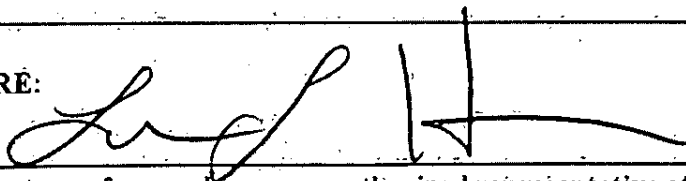
Owner**Name and Address:**Lorena hester84 Shoreland DrKey Largo, FL 33037

(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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, the date will not be listed on the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
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.

Lorena L. Hester

Typed or printed name of signer

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)