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FLORIDA LIMITED LIABILITY CO. HOTARD REALTY, LLC

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1 of 2

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COVER LETTER

	gistration Section vision of Corporations		
CIIDIECT	HOTARD REALTY, LLC	•	. <u>_</u>
SUBJECT		imited Liability Company	6
The enclose	ed Articles of Organization and fee(s) to	are submitted for filing.	70 70
	m all correspondence concerning this m	-	C2 (
10030 1000	·		-c
	MARIE HOTARD		
		Name of Person	100
			- 0 <u>+</u>
		Firm/Company	
,	1461 Palmer Avenue		
		Address	
	Winter Perk, Florida 32789		
	mhotard15@gmail.com	City/State and Zip Code	•
•	E-mail address: (to be use	ed for future annual report notification)	•
or further i	nformation concerning this matter, plea	se call:	
	Marie Hotard	407 405 6207	
	Name of Person	Area Code Daytime Telephone Number	
Enclosed i	s a check for the following amount:		
]\$125.0 0 F	iling Fee \$\frac{130.00}{\subseteq}\$\$ Status	\$155.00 Filing Fee & \$160.00 Filing F Certified Copy (additional copy is enclosed) Certified Copy (additional copy is	itus &
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:				
he name of the Limited Liabilit	ty Company is:			
		•		0
HOTARD REALTY				— T.
(Must end	with the words "Limited	Liability Compar	ry, "L.L.C.," or "LLC.")	ن شد
ARTICLE II - Address:				Henne
The mailing address and street a	ddress of the principal of	ffice of the Limite	d Liability Company is:	$^{\circ}$
Princip	al Office Address:		Mailing Address:	<u> </u>
641 West Fairbanks	Avenue, Suite 212	64	1 West Fairbanks Avenue, Suite 212	<u>~</u>
Winter Park, Plorida	32789	<u>w</u>	inter Park, Florida 32789	 ,
The name and the Florida street .	Mario T. Hotard	Name		
		14 millio	·	
	641 West Fairbanks			
	Florida street addres	s (P.O. Box <u>NO</u> T	(acceptable)	
	Winter Park	FL	32789	
	· City	State	Zip	
lace designated in this certificate with a gree to comply with the p	s, I hereby accept the app provisions of all statutes re bligations of my position	ointment as regist elating to the prop as registered ages	the above stated limited liability comparered agent and agree to act in this caparer and complete performance of my during as provided for in Chapter 605, F.S.	city. (
	Regist	ered Agent Sign	Murs (REQUIRED)	

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Page 1 of 2

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Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:	
AMBR	Marie T. Hotard 641 West Fairbanks Avenue, Suite 212	<u>-</u>
·	Winter Park, Florida 32789	
(Use attachment if necessary)		
CLE VI: Other provisions, if any.		
REQUIRED SIGNATURE:	2-6-3	
Signature: Signature of a men This document is execute I am aware that my false i	mber or an authorized representative of a men d in accordance with section 605.0203 (1) (b), F information submitted in a document to the Depa felony as provided for in s.817.155, F.S.	nber. lorida Statutes, uriment of State
Signature: Signature of a men This document is execute I am aware that my false i constitutes a third degree	Typed or printed name of signed ARLE T. HOTARD Filling Fees;	
Signature: Signature of a men This document is execute I am aware that my false i constitutes a third degree	Typed or printed name of signed MARIE T. HORARD Filing Fees; anization and Designation of Registered Agen	
Signature of a men This document is execute I am aware that may false i constitutes a third degree \$125.00 Filing Fee for Articles of Orga \$ 30.00 Certified Copy (Optional)	Typed or printed name of signed MARIE T. HORARD Filing Fees; anization and Designation of Registered Agen	
Signature of a men This document is execute I am aware that may false i constitutes a third degree \$125.00 Filing Fee for Articles of Orga \$ 30.00 Certified Copy (Optional)	Typed or printed name of signed MARIE T. HOTARD Filing Fees; anization and Designation of Registered Agen	· 6