L16000057008

(Re	questor's Name)	
(Add	dress)	
(Ad	dress)	
(City	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu:	siness Entity Nar	ne)
(50	cument Number)	
(00	cument Number)	l
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only

W16-184



000282621940

03/02/16--01007--010 **125.00

16 HAR 21 PM 2: 19

MD 3/23



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 11, 2016

ATEF A. HANNA 315 TALL OAK TRAIL TARPON SPRINGS, FL 34688

SUBJECT: HANNA DEVELOPMENT LLC

Ref. Number: W16000018471

We have received your document for HANNA DEVELOPMENT LLC 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 the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "LC.," "Ltd.," and "Co."

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Maryanne Dickey Regulatory Specialist II

Letter Number: 716A00005087

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

` , , , , , , , , , , , , , , , , , , ,				
ARTICLE I - Name:				
The name of the Limited Liab	ility Company is:	LIFT		
<u> </u>	NGINEERING	AND		
HANNA DEVELO	OPMENT LLC			
(Must er	nd with the words "Limited Li	ability Company, "	L.L.C.," or "LLC.")	5
ARTICLE II - Address:				
The mailing address and stree	t address of the principal offic	e of the Limited Li	ability Company is:	AHAR MAR
				- \$\$ ≥
Principal Office Address:		Mailing Address		
315 TALL OAK T	RAIL	315 TA	LL OAK TRAIL	
TARPON SPRIN	GS, FLORIDA 34688	TARPO	ON SPRINGS, FLORIDA 34	<u>688</u> 5
				= ≅= 5
ADDICED III DOLLAR	D 1000 0	D 14 34 43	OL 4	>
ARTICLE III - Registered A (The Limited Liability Compa				al or
another business entity with a			a mast designate att marvida	ar 01
,	,			
The name and the Florida stre	et address of the registered ag	gent are:		
	ATEF A HANNA			
	1	lame	<u>, </u>	
	315 TALL OAK TRAII	_		
	Florida street address (l		eptable)	
	TARPON SPRINGS	FLORIDA	34688	
	City	State	Zip	
Having been named as registere place designated in this certifica further agree to comply with the am familiar with and accept the	ite, I hereby accept the appoin provisions of all statutes rela	tment as registered ting to the proper ar	agent and agree to act in this ad complete performance of m	capacity. I ny duties, and I
	2	HOA		
	Registere	d Agent's Signature	(REQUIRED)	

(CONTINUED)

Page 1 of 2

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:		16 MAR 21
MGR	ATEF A HANNA 315 TALL OAK TRAIL TARPON SPRINGS, FLORIDA 3468	FLORES 8 DA	PH 2: 19
			- - -
			-
fective date is listed, the date must be spoof filing.)	of filing: (Olectfic and cannot be more than five business day neet the applicable statutory filing requirements, of State's records.	s prior to or 9	_
LE V: Effective date, if other than the date fective date is listed, the date must be spoof filing.) If the date inserted in this block does not	ecific and cannot be more than five business day nect the applicable statutory filing requirements,	s prior to or 9	_
LE V: Effective date, if other than the date fective date is listed, the date must be spoof filing.) If the date inserted in this block does not nument's effective date on the Department	ecific and cannot be more than five business day nect the applicable statutory filing requirements,	s prior to or 9	_
LE V: Effective date, if other than the date fective date is listed, the date must be sport filing.) If the date inserted in this block does not nument's effective date on the Department LE VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a me This document is executed I am aware that any false.	ecific and cannot be more than five business day nect the applicable statutory filing requirements,	his date will n	ot be