

L160000069123

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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900284069099

04/08/16--01001--008 **155.00

16 APR -7 PM 3:50
SUFFOLK COUNTY
CLERK OF SUPERIOR COURT

16 APR -7 PM 3:50

16 APR -7 AM 8:57

APR 11 2016

T SCHROEDER

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

9 H INVESTMENTS LLC

Signature _____

Requested by: SETH

04/07/16

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

____ Art of Inc. File _____

____ LTD Partnership File _____

____ Foreign Corp. File _____

____ L.C. File _____

____ Fictitious Name File _____

____ Trade/Service Mark _____

____ Merger File _____

____ Art. of Amend. File _____

____ RA Resignation _____

____ Dissolution / Withdrawal _____

____ Annual Report / Reinstatement _____

☒ Cert. Copy _____

____ Photo Copy _____

____ Certificate of Good Standing _____

____ Certificate of Status _____

____ Certificate of Fictitious Name _____

____ Corp Record Search _____

____ Officer Search _____

____ Fictitious Search _____

____ Fictitious Owner Search _____

____ Vehicle Search _____

____ Driving Record _____

____ UCC 1 or 3 File _____

____ UCC 11 Search _____

____ UCC 11 Retrieval _____

____ Courier _____

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

9 H INVESTMENTS LLC

(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:

4050 MCCARTY RD
FORT PIERCE FL 34945

Mailing Address:

4050 MCCARTY RD
FORT PIERCE FL 34945

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:

PATRICK HOOD

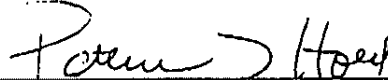
Name

4050 MCCARTY RD

Florida street address (P.O. Box NOT acceptable)

<u>FORT PIERCE</u>	<u>FL</u>	<u>34945</u>
City	State	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..



Registered Agent's Signature (REQUIRED)

(CONTINUED)

16 APR -7 AM 8:57

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

PATRICK HOOD

4050 MCCARTY RD

FORT PIERCE FL 34945

MGR

NICK HOOD

2251 KEEN ROAD

FORT PIERCE FL 34946

AMBR

THOMAS A. HOOD

1132 SW ACKARD AVE

PORT ST LUCIE FL 34953

AMBR

MICHAEL PAUL HOOD

391 WOODCREST DRIVE

FORT PIERCE FL 34945

(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, this date will not be listed as 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.

PATRICK HOOD

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)

(ATTACHMENT)

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

AMBR

CHRISTOPHER HOOD
910 OSCEOLA AVE
FORT PIERCE FL 34982

AMBR

THERESE HAMILTON
2210 JOHNSTON RD
FORT PIERCE FL 34951

AMBR

ANGELA M. HOOD
4055 KIRBY LOOP ROAD
FORT PIERCE FL 34981

AMBR

BERNADETTE M. MACE
4020 MCCARTY RD
FORT PIERCE FL 34945

16 APR -7 AM 8:57