

L16000115281

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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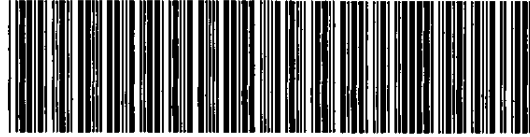
(Business Entity Name)

(Document Number)

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16 MAY 24 PM 1:36
SECRETARY OF STATE
TALLAHASSEE FLORIDA

16 MAY 24 PM 1:36

2/17/16

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: THE DONALD E. HOUGHTON REVOCABLE 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:

DONALD E. HOUGHTON and JODI L. HAMMER TRUSTEES
(Name of Person)

(Firm/Company)

5343 VERNIO LANE

(Address)

BOYNTON BEACH, FL 33437

(City/State and Zip Code)

For further information concerning this matter, please call:

DONALD E. HOUGHTON at 413, 537-7819

(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

COVER LETTER

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Division of Corporations

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Name of Person

Firm/Company

5343 VERNIO LANE
Address

BOYNTON BEACH, FL. 33437
City/State and Zip Code

DEHJAC@YAHOO.COM

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

For further information concerning this matter, please call:

DONALD E. HOUGHTON at (413) 537-7819
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

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Street Address
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Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

THE DONALD E. HOUGHTON REVOCABLE TRUST 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:

5343 VERNIO LANE
BOYNTON BEACH, FL 33437

Mailing Address:

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:

DONALD E. HOUGHTON
Name
5343 VERNIO LANE
Florida street address (P.O. Box **NOT** acceptable)
BOYNTON BEACH, FL 33437
City State Zip

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

16 MAY 24 PM 1:36

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..

Donald E. Houghton
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

Name and Address:

DONALD E. HOUGHTON
8343 VERNIC LAKE
BENTON BEACH FL 33737

JODI L. HAMMER
9604 SAGE BRUSH AVE
CHANDLER CA 91311

AMBR

(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:

Donald E. Houghton

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.

DONALD E. HOUGHTON

Typed or printed name of signee

16 MAY 2016
PH 1:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)