1600159003

(Requestor's Name)
(Address)
(Address)
(days
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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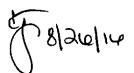


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RECEIVED
DEPARTMENT OF STAT



COVER LETTER

	Registration Section Division of Corporations			
SUBJEC	Hopkins Estates LLC			
SUBJEC		Limited Liabilit	y Company	
The enclo	sed Articles of Organization and fee(s	s) are submitted t	or filing.	
Please ret	urn all correspondence concerning thi	s matter to the fo	llowing:	
		Name of I	Person	
	INCORPORATING SERVICES, L	.TD.		
		Firm/Con	npany	
	·	Addre	SS	
	TALLAHASSEE, FL 32301			
	hopkins6313@yahoo.com	City/State and	Zip Code	
	E-mail address: (to be a	used for future ar	nual report notification)	
For further	information concerning this matter, p	lease call:		
	MELISSA	1(656-7956	
	Name of Person	Area Code	Daytime Telephone Number	<u> </u>
Enclosed	is a check for the following amount:			
\$125.00	Filing Fee \$130.00 Filing Fee & Certificate of Status	Certifie	d Copy Certi l copy is enclosed) Certi	.00 Filing Fee, ificate of Status & fied Copy onal copy is enclosed)
				· • • • • • • • • • • • • • • • • • • •
	Mailing Address New Filing Section	Ì	Street Address New Filing Section	
	Division of Corporations P.O. Box 6327	(Division of Corporations Clifton Building	
	Tallahassee, FL 32314		2661 Executive Center Circle Fallahassee, FL 32301	: : : : : : : : : : : : : : : : : : :

16 AUG 25 / 10 34

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Hopkins Estates 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:			Mailing Address:	•
16 Matlyn Drive, Rochester NY 14624		÷		
	_			
	-			

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 emity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Daniel Helberg	••	
	Name .	
1007 Kasper Drive		
Florida street addres	ss (P.O. Box NOT ac	ceptable)
Orlando	FL	32806
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..

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

	Title: "AMBR" = Authorized	Member	Name and Address:	
	"MGR" = Manager			•
	MGR	,	Tyler Hopkins	
	,		16 Matlyn Drive	 -
		•	Rochester, NY 14624	
		•		
	MGR		Erin Hopkins	
		,	16 Mattyn Drive	
		•	Rochester, NY 14624	
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	(Use attachment if neces	coaru)		
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