

L16000173111

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

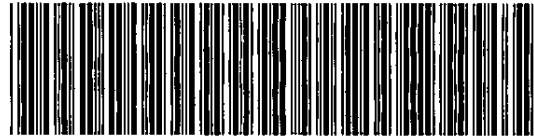
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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09/07/16--01011--029 155.00  
~~\*\*150.00~~

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16 SEP-7 AM 10:39  
SECRETARY OF STATE  
TREASURY DIVISION  
TCH  
9/16/16

Carol Allison Document Service  
2650 Baywood Drive  
Titusville, Florida 32780  
321.480.9789

August 23, 2016

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

RE: ROBERT QUINTON HAWK, LLC.

Enclosed please find one original and one copy of Articles of Organization for the above LLC. Enclosed check for \$155.00 for the following fees.

Filing Fee	\$125.00
Certified Copy	\$30.00

Please return all correspondence concerning this matter to the following:

Carol Allison Document Service  
2650 Baywood Drive  
Titusville, Florida 32780  
321.480.9789

Sincerely,



Carol Allison

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY  
COMPANY**

**ARTICLE I**

Name of Limited Liability Company is:

ROBERT QUINTON HAWK, LLC.

**ARTICLE II**

Mailing address and street address of the principal office of the Limited Liability Company is:

**Principal Office Address:**

213 N. Grannis Ave  
Titusville, Fl. 32796

**Mailing Address:**

213 N. Grannis Ave  
Titusville, Fl. 32796

**ARTICLE III**

Registered Agent, Registered Office, & Registered Agent's Signature:

*(You must designate an individual or another business with an active Florida registration)*

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

Robert E. Remington  
213 N. Grannis Ave.  
Titusville, Fl. 32796

*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.*



Date: August 23, 2016

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

15 SEP -7 AM 10:39

FILED

#### ARTICLE IV

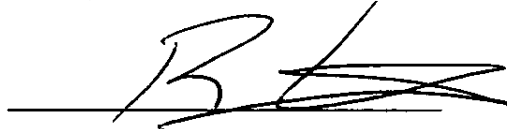
The name and address of each person authorized to manage and control the Limited Liability Company:

<u>Title</u>	<u>Name and Address</u>
"MGR"=Manager	
"AMBR"=Authorized Member	
<u>AMBR</u>	<u>Robert E. Remington</u>
	<u>213 N. Grannis Ave</u>
	<u>Titusville, Fl. 32796</u>

#### ARTICLE V

Effective date, if other than the date of filing: File Date  
(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.)

REQUIRED SIGNATURE:



Robert E. Remington  
August 23, 2016

*(In accordance with section 605.0203 (1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)*

FILED  
16SEP-7 AM 10:39  
STATE OF FLORIDA  
TALLAHASSEE