

L16000173852

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

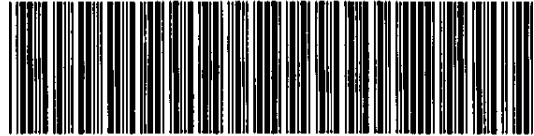
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900289178899

08/22/16--01031--017 **125.00

SECRETARY OF FINANCE
TALLAHASSEE, FLORIDA

16 SEP 12 AM 10:39

FILED

filed - 60919

*704
9/17/16*



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 30, 2016

MICHAEL PERFUMO
544 PASAJE AVE.
TARPON SPRINGS, FL 34689

RECEIVED SEP 1 2 2016

SUBJECT: HAZARD ASSESSMENT SERVICES, LLC
Ref. Number: W16000060019

We have received your document for HAZARD ASSESSMENT SERVICES, 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 designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

The registered agent must sign accepting the designation.

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.

TANYA L HENDERSON
Regulatory Specialist II

Letter Number: 016A00018475

PLEASE NOT ADDRESS CORRECTION
544 PASAJE AVE UNIT B

RECEIVED
SEP 12 2016
TALLAHASSEE, FLORIDA

16 SEP 12 AM 10:39

FILED

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Hazard Assessment Services, 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:

Michael Perfumo

Name of Person

Hazard Assessment Services, LLC

Firm/Company

544 Pasaje Ave.

Address

Tarpon Springs, FL 34689

City/State and Zip Code

hasmap16@gmail.com

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

For further information concerning this matter, please call:

Mike Perfumo

727

916-9502

at ()

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

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Section
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:

Hazard Assessment Services, 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:

544 Pasaje Ave. UNIT B
Tarpon Springs
Florida, 34689

Mailing Address:

544 Pasaje Ave. UNIT B
Tarpon Springs
Florida, 34689

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:

MICHAEL PERFUMO
Name

544 PASAJE AVE UNIT B
Florida street address (P.O. Box **NOT** acceptable)

TARPON SPRINGS FL 34689
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.

Michael Perfumo
Registered Agent's Signature (REQUIRED)

(CONTINUED)

SEP 12 2016
16 SEP 12 AM 10:39
TALLAHASSEE, FLORIDA

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

Michael Perfumo

544 Pasaje Ave. Unit 3

Tarpon Springs, FL 34689

(Use attachment if necessary)

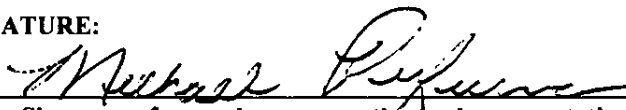
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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.

Michael Perfumo

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)

RECEIVED
16 SEP 12 AM 10:39
TALLAHASSEE, FLORIDA