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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

(Document Number)

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16 SEP 29 PM 5:28

STATE  
OFFICE  
FLORIDA

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 15, 2016

CHRIS E. LANGE  
3125 W HILLSBOROUGH AVENUE  
TAMPA, FL 33614

SUBJECT: DRHANK911 LLC  
Ref. Number: W16000064062

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
16 SEP 29 PM 5:28

We have received your document for DRHANK911 LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain the usual business addresses of its managing members or managers.

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.

Matthew T Moon  
Regulatory Specialist II

Letter Number: 116A00019830

RECEIVED  
16 SEP 29 PM 2:00  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: DrHank911 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:

~~Harvey R Langee Jr~~

Chrrs E Langee

Name of Person

DrHank 911 LLC

Firm/Company

3125 W Hillsborough Avenue

Address

Tampa, FL 33614

City/State and Zip Code

~~hanklangee@hotmail.com~~

House 707 @ Gmail.com

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

For further information concerning this matter, please call:

Harvey R Langee Jr

813

340-6054

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

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FILED  
STATE  
TALLAHASSEE  
RIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

DrHank911 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:

3125 W Hillsborough Ave  
Tampa, FL 33614

3125 W Hillsborough Ave  
Tampa, FL 33614

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:

~~Harvey R. Langee Jr~~

Name

Christopher E Langer

3125 W Hillsborough Ave

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

Tampa

FL

33614

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)

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SECRET  
OFFICE OF THE  
CLERK OF THE  
SUPREME COURT  
STATE OF 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

MGR

**Name and Address:**

~~Christopher E Langee Jr~~ Christopher E Langee  
3125 W Hillsborough Ave #D-10  
Tampa FL 33614

AMBR

~~Christopher E Langee Jr~~ Harvey R Langee Jr  
3125 W Hillsborough Ave #D-10  
Tampa FL 33614

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: Sept 1, 2016 (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.

Christopher E Langee  
~~Harvey R Langee Jr~~

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)

16 SEP 29 PM 5:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA