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PICK-UP	☐ WAIT	MAIL
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SELICITATE CLARK

03/16/17

## **COVER LETTER**

	ew Filing Section Evision of Corporations
SUBJECT	G Hale & Sons, LLC
SOBJECT	Name of Limited Liability Company
The enclose	ed Articles of Organization and fee(s) are submitted for filing.
Please retur	rn all correspondence concerning this matter to the following:
	George Hale Sr.
	Name of Person
	Firm/Company
	6610 Addie Ave
	Address
	Cocoa, FL 32927
	City/State and Zip Code
-	Halegeorge51@yahoo.com  E-mail address: (to be used for future annual report notification)
For further in	nformation concerning this matter, please call:
	George Hale Sr. 336 918-2929
	Name of Person Area Code Daytime Telephone Number
Enclosed is	s a check for the following amount:
\$125.00 F	iling Fee \$\int_{\text{S130.00 Filing Fee & Certificate of Status}} \int_{\text{Certified Copy}} \int_{
	Mailing Address Street Address

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

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 Liabilit	y Company is:		
G Hale & Sons, LLC			
(Must cont	ain the words "Lim	ited Liability Compa	ny. "L.L.C" or "LLC.")
ARTICLE II - Address:			
The mailing address and street a	ddress of the princi	pal office of the Limi	ted Liability Company is:
<u>Princip</u>	al Office Address:		Mailing Address:
6610 Addie Ave		6	610 Addie Ave
Cocoa, FL 32927	<u></u>	<del></del>	Cocoa, FL 32927
<u> </u>			
ARTICLE III - Registered Ag (The Limited Liability Company another business entity with an a The name and the Florida street	cannot serve as its active Florida regis	own Registered Age tration.)	gent's Signature: nt. You must designate an individual or
		Name	
	6610 Addie Ave	·	
	Florida street ac	idress (P.O. Box <u>NO</u>	T acceptable)
	Cocoa	FL	32927

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..

State

City

Registered Agent's Signature (REQUIRED)

Zip

(CONTINUED)

MAR IS PH 3:

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ARTICLE IV-

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

66	eorge Hale SR 510 Addie Ave ocoa, FL 32927
<u>G</u>	510 Addic Ave
66	510 Addic Ave
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JIRED SIGNATURE: Signature of a member or an	authorized representative of a member.
Signature of a member or an This document is executed in accord	authorized representative of a member. lance with section 605.0203 (1) (b), Florida Statute
Signature of a member or an This document is executed in accord	authorized representative of a member.  dance with section 605.0203 (1) (b), Florida Statute in submitted in a document to the Department of Statute.
Signature of a member or an This document is executed in accord I am aware that any false information	authorized representative of a member.  dance with section 605.0203 (1) (b), Florida Statute in submitted in a document to the Department of Statute.
Signature of a member or an This document is executed in accord I am aware that any false information constitutes a third degree felony as p	authorized representative of a member.  dance with section 605.0203 (1) (b), Florida Statute in submitted in a document to the Department of Statute.
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