

L11000220618

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

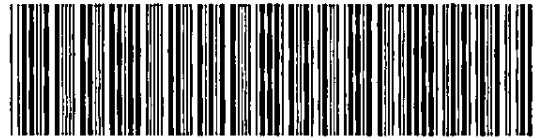
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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10/23/17--01016--008 \*\*125.00

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

17 OCT 24 AM 10:27

10/25/17

LAW OFFICE OF



**KYLE H. BARRICK**

PLANNING YOU CAN TRUST

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October 19, 2017

Florida Division of Corporations  
New Filings Section  
Post Office Box 6327  
Tallahassee, Florida 32314

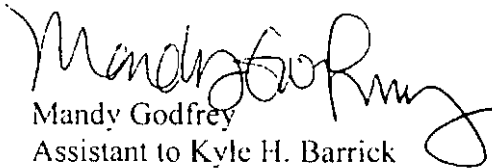
**Re: HAMCAM Properties, LLC**

Dear Sir or Madam:

Please find enclosed one original and one copy of the Articles of Organization for HAMCAM Properties, LLC. Please file the same and return the copy to our office in the self-addressed and stamped envelope provided. Please also find enclosed a check in the amount of \$125.00 for fees.

If you have any questions, or require anything additional, please feel free to contact me.

Sincerely,

  
Mandy Godfrey  
Assistant to Kyle H. Barrick

/mg  
Encl.

**COVER LETTER**

**TO: New Filing Section  
Division of Corporations**

**SUBJECT:** HAMCAM PROPERTIES, 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:

KYLE H. BARRICK

Name of Person

LAW OFFICE OF KYLE H. BARRICK

Firm/Company

5295 S. COMMERCE DRIVE, SUITE 220

Address

MURRAY, UTAH 84107

City/State and Zip Code

adam.hamilton@ymail.com

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

For further information concerning this matter, please call:

KYLE H. BARRICK      801      262-4407  
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:

HAMCAM PROPERTIES, LLC

(Must contain 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:

14395 PEACOCK MIDGE DRIVE  
BLUFFDALE, UTAH 84065

SAME

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:

ADAM HAMILTON

Name

2304 DOLPHIN AVENUE

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

JACKSONVILLE

FLORIDA

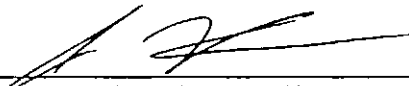
32218

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)

17 OCT 24 AM 10:27  
SECRETARY OF STATE  
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

MGR

**Name and Address:**

ADAM HAMILTON

2304 DOLPHIN AVENUE

JACKSONVILLE, FLORIDA 32218

MGR

CAMRON HAMILTON

14395 PEACOCK MIDGE DRIVE

BLUFFDALE, UTAH 84065

(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.

ADAM HAMILTON

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)

17 OCT 24 AM 10:27  
SECRET  
TALLAHASSEE FLORIDA

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Name

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

JACKSONVILLE

FLORIDA

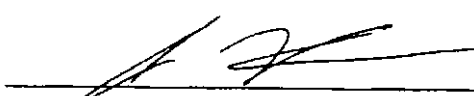
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Registered Agent's Signature (REQUIRED)

(CONTINUED)

17 OCT 24 AM 10:28  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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"MGR" = Manager

MGR

**Name and Address:**

ADAM HAMILTON  
2304 DOLPHIN AVENUE  
JACKSONVILLE, FLORIDA 32218

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