# H180000446023 Electronic Filing Cover S

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(((H180000446023)))



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Division of Corporations

Fax Number : (850) 617-6381

From:

Account Name : DAVID C. HASTINGS, CPA, PA

Account Number: I2000000168 Phone : (727) 322-0909 Fax Number : (727)322-0520

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

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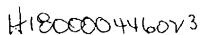
#### FLORIDA LIMITED LIABILITY CO. HASTINGS CONSULTANTS OF TAMPA BAY, LLC

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## H180000446073

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIVITTED LIABILITY COMPANY

	ONSULTANTS OF TAMPA B	AY, LLC		
	t contain the words "Limited Li		"L.L.C.," or "LLC.")	
RTICLE II - Address:				
he mailing address and st	reet address of the principal offi	ice of the Limited	Liability Company is:	
Principal Office Address:			Malling Address:	
13803 CYPRESS WAY		SAN	SAME	
13803 CYPRE	oo mai	<u>5740</u>	<u> </u>	
TAMPA, FL 3  RTICLE III - Registers the Limited Liability Counter business entity wi	ed Agent, Registered Office, & npany cannot serve as its own R th an active Plorida registration.	Registered Ager .egistered Agent. `		
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(CONTINUED)

### H180000446073

	Title:		Name and Address:		
	"AMBR" = Authorized I "MOR" = Manager	Member			
	AMBR		THOMAS HASTINGS		
	<del></del>		13803 CYPRESS WAY		
			TAMPA. FL 33613		
				<del> </del>	
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	(Use attachment if necess	sary)			
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the date	of filing.)	•			
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ARTIC	LE VI: Other provisions, if	any,	,		
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	Sie		an authorized representati	ve of a member.	
	This doc	ument is executed in acc	ordance with section 605.020	3 (1) (b), Florida Statutes.	
	I am awa	re that any false informat	tion submitted in a document s provided for in s.817.155, I	to the Department of State	
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	Constituti	es a unite degree resorty a	3 provided for (); 5.017.133, 1		
		HOMAS HASTINGS	or printed name of signee		

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\$ 30.00 Certified Copy (Optional)
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