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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
(Orty/State/Elpit Holle II)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Certified Copies Certificates of Status
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COVER LETTER

TO: New Filing Section Division of Corporations			
SUBJECT: Hamlet Home Name of Limited Liab	es EVO lity Company	lutions	22
The enclosed Articles of Organization and fee(s) are submitte	d for filing.		
Please return all correspondence concerning this matter to the	following:		
Jerome Ham	lot m		
	f Person		_
Name	11 CISOR		
	ompany		
1143 Ronds Pointe	- Drive	West	
Add	ress		_
Jerome. ham let a) E-mail address: (to be used for future)	torida	32312	
haule Gity/State a	nd Zip Cøde	11	_
E-mail address: (to be used for future	annual report notification)	<u> </u>	_
For further information concerning this matter, please call:			
	- 1 6 15 0	· — —	
Jerone Hamlet III at (850	, 508-48	15	
Name of Person Area Code	Daytime Telephone N	umber	
Enclosed is a check for the following amount:			
\ /	00 Filing Fee &	\$160.00 Filing Fee,	
Certificate of Status Certi	fied Copy	Certificate of Status (Certified Copy	&
) (addino		dditional copy is encl	osed)
			<u>C3</u>
<u>Mailing Address</u> New Filing Section	Street Address New Filing Section		
Division of Corporations	Division of Corporations	\$1 en Jungs	91 <u>1</u> 4
P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center C	'ح' برر'	-3
·	Tallahassee, FL 32301		FILED
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Nar	ne:
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The name of the Limited Liability Company is:

(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:	1
1143 Rooms Pointe DR West	F 1143 Roads Kinte Deine Wes	51
Tallahassee Horida	Tallahassee Hopida	
	32312	

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

City

(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.)

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

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: "AMBR" = Authorized Member "MGR" = Manager (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. e come

Filing Fees:

Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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