

L19000055549

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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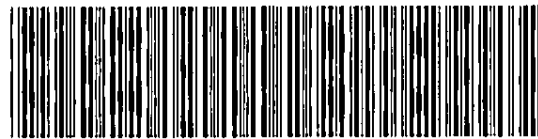
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
2019 MAR -6 AM 6:30
SECRETARY OF STATE
ATLANTA, GEORGIA

RECEIVED
19 MAR -6 AM 10:18
DIVISION OF CORPORATE
TAXATION

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Panhandle Hammerheads L.L.C.
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:

Mrs. Tina Aguirre
Name of Person

2241 Curtis Madden Rd.
Address

Baker, Fl 32531
City/State and Zip Code

Margaine1981@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tina Aguirre at (850) 603-5888
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:

Panhandle Hammerheads L.L.C.
(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:

2241 Curtis Madden Rd
Baker, FL 32531

Mailing Address:

2241 Curtis Madden Rd
Baker, FL 32531

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:

Tina Aguirre
Name

2241 Curtis Madden Rd
Florida street address (P.O. Box NOT acceptable)
Baker FL 32531
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.

T. Aguirre
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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2019 MAR -6 AM 6:30
CLERK OF STATE
ALLAHABAD, FL 32310

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

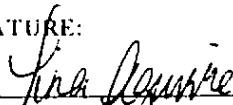
"MGR" = Manager

Name and Address:

AMBR / MGR

AMBR / MGR

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.

Tina Aguirre

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)