## L19000109313

(Re	questor's Name)	<u>-</u>
(Ad	ldress)	
(Ad	ldress)	<del>-</del>
(Cit	y/State/Zip/Phone	<del>&gt;</del> #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only

K. PAGE

APR 3 0 2019



April 18, 2019

SCOTT BELL 2804 N 36TH ST TAMPA, FL 33605

SUBJECT: HURRICANE PARTNERS L.L.C.

Ref. Number: W19000038209

We have received your document for HURRICANE PARTNERS L.L.C. and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Florida law requires the principal office address to be a street address.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Keyna E Page Regulatory Specialist II

(8) 2.7 (8)

Letter Number: 319A00007855

## **COVER LETTER**

	New Filing Section Division of Corporations
SUBJEC	Name of Limited Liability Company
	Name of Limited Liability Company
The encl	osed Articles of Organization and fee(s) are submitted for filing.
	eturn all correspondence concerning this matter to the following:
reade re	tan an correspondence concerning this matter to the following:
	Scott Bell
	Name of Person
	080 Studios
	Firm/Company
	2804 N 36+ 5+ Address
	Tanga FL 33665 City/State and Zip Code
	City/State and Zip Code
	Scott. be 1 @ 80. ccm  E-mail address: (to be used for future annual report notification)
Con familia	
ror turmer	information concerning this matter, please call:
	Scott Bell at (813) 444-2823
	Name of Person Area Code Daytime Telephone Number
1	is a check for the following amount:
\$125.00	Filing Fee S130.00 Filing Fee & S155.00 Filing Fee & S160.00 Filing Fee.  Certificate of Status & Certified Copy (additional copy is enclosed)  S160.00 Filing Fee.  Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Street Address
	New Filing Section New Filing Section
	P.O. Box 6327 Clifton Building
	Tallahassee, FL 32314 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:			
Hurricane				
f.Must contair	ine words "Limite	ed Liability Comp	any, "L.L.C" or "LLC.")	
ARTICLE II - Address: The mailing address and street add	ress of the principa	l office of the Lin	nited Liability Company is:	
Principal	Office Address:		Mailing Ac	ddress:
2804 N 3644 S	+ Tanpa, F	237605	2804 N 36th	St Tunga, Fl 33605
ARTICLE III - Registered Agent (The Limited Liability Company ca another business entity with an acti	nnot serve as its or	wn Registered Age	Agent's Signature: ent. You must designate an	individual or
The name and the Florida street add	dress of the register	red agent are:		
	Scott Be	il		
·		Name		
	4708 W Florida street addr	Day Vist	a Ave	
•	Florida street addr	ess (P.O. Box NC	T acceptable)	
_	lumpa	FL	3 36 11	
	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)

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	Scott Bell 2804 N 36th St Tunpu FL 33605
MGR	Rose-Peurce
MGR	Tumpe, FL 33605 Christopher Bell
	Tumpa, FL 33605
(Use attachment if necessary)	
Note: If the date inserted in this block does not the document's effective date on the Department.	specific and cannot be more than five business days prior to or 90 days after at meet the applicable statutory filing requirements, this date will not be listed as not of State's records.
ARTICLE VI: Other provisions, if any.	
REOUIRED SIGNATURE:	15
This document is exe- l am aware that any fa	member or an authorized representative of a member. cuted in accordance with section 605.0203 (1) (b). Florida Statutes. lse information submitted in a document to the Department of State ree felony as provided for in s.817.155, F.S.
500	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)