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(Re	equestor's Name)	
(Ac	ddress)	
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(Ci	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bı	siness Entity Nam	e)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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M SIMMONIS

OCT 0 3 2019

COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: Hercules House 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:
Susan Daniel Name of Person
Name of Person
Firm/Company
4204 DuyAl Drive
Jacksonville Bch, FL. 32250 City/State and Zip Code SNdaniel @ bellsouth.net
SNdaniel@bellsouth.net
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Susan Daniel at (904) 910-6576 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S125.00 Filing Fee S130.00 Filing Fee SCertificate of Status Certified Copy (additional copy is enclosed) S160.00 Filing Fee, Certified Copy (additional copy is enclosed)
Mailing Address New Filing Section Street Address New Filing Section

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, F1. 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:					
The name of the Limited Liability	Company is:				
Herci	iles House	LLC			_
(Must contai	n the words "Limited L	iability Company,	"L.L.C.," or	"LLC.")	
ARTICLE II - Address: The mailing address and street add	dress of the principal of	fice of the Limited	Liability Co	ompany is:	
<u>Principal</u>	Office Address:		<u>v</u>	lailing Address:	
4204 DUVA	1 Dr. 1e BCH, FL. 322		Same		_
Jacksonvill	e BCH, FL.	<u></u>			-
	340	<u></u>	•		-
ARTICLE III - Registered Agen (The Limited Liability Company canother business entity with an action of the name and the Florida street actions).	annot serve as its own I tive Florida registration	Registered Agent.	You must de		
	4204 Dui	IAI Dr.			
	Florida street address	(P.O. Box <u>NO1</u> a	cceptable)		
	<u>Jacksonv</u>	ille Beh	FL. :	32250	
	City	State	Zij	n	
Having been named as registered as place designated in this certificate, I further agree to comply with the pro am familiar with and accept the obli	hereby accept the appo wisions of all statutes rel igations of my position a	intment as register ating to the proper	ed agent ana r and comple as provided j	l agree to act in this capacity te performance of my duties for in Chapter 605, F.S	$v_{i}(I)$

(CONTINUED)

ARTICLE IV-

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 AMBR	Susan Daniel 4204 DuvAl DC. Jackson ville Best, Ft. 32250
(If an effective date is listed, the date must be space the date of filing.) Note: If the date inserted in this block does not the document's effective date on the Department	e of filing: <u>Oct 1, 2019</u> . (OPTIONAL) necific and cannot be more than five business days prior to or 90 days after meet the applicable statutory filing requirements, this date will not be listed as a of State's records.
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	Tanil
This document is execu I am aware that any fals constitutes a third degree	tember or an authorized representative of a member. atted in accordance with section 605.0203 (1) (b). Florida Statutes. the information submitted in a document to the Department of State the felony as provided for in s.817.155. F.S.
<i></i>	n Daniel 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)

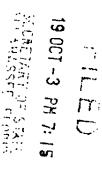
Required Cover Letter

Susan Daniel

4204 Duval Drive

Jacksonville Beach, FL. 32250

904 910 6576



COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: Hercules House LLC Name of Limited Liability Company
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The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Susan Daniel Name of Person
Name of Person
Firm/Company
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Jacksonville Bch, FL. 32250 City/State and Zip Code SNdaniel @ bellsouth. net E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Susan Daniel at (904) 910-6576 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount: \$125.00 Filing Fee \$\times \text{S130.00 Filing Fee & Certificate of Status}\$\$ Certificate of Status \$\times \text{Certified Copy (additional copy is enclosed)}\$\$ Certified Copy (additional copy is enclosed)
Mailing Address Street Address

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:	
Hercules House, 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 Addre	ess:
4204 DUVA! Dr. Same Jacksonville BCH, FL. 32250	
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 ind another business entity with an active Florida registration.)	ividual or
The name and the Florida street address of the registered agent are:	
Susan Daniel	
Name	
Susan Daniel Name 4204 Duyal Dr. Florida street address (P.O. Box NOT acceptable)	
Florida street address (P.O. Box NOT acceptable)	
Sacksonville Beh, Fl. 32250 City State Zip	
City State Zip	
Having been named as registered agent and to accept service of process for the above stated limited liabily place designated in this certificate. I hereby accept the appointment as registered agent and agree to act of further agree to comply with the provisions of all statutes relating to the proper and complete performance am familiar with and accept the obligations of my position as registered agent as provided for in Chapter	in this capacity. T re of my duties, and L
Salma (
Registered Agent's Signature (REQUIRED)	

(CONTINUED)

Title:	Name and Address;
"AMBR" = Authorized Member "MGR" = Manager	` · ,
AMBR	Susan Daniel
	Jackson VILLE BLH, FL. 32250
	Jackson VIIIC Bet, FL. 32250
(Use attachment if necessary)	
FV: Effective date, if other than th	e date of filing: Oct 1, 2019 (OPTIONAL)
fective date is listed, the date must	e date of filing: <u>Oct 1, 2019</u> . (OPTIONAL) be specific and cannot be more than five business days prior to or 90 d
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\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

S 5.00 Certificate of Status (Optional)

Required Cover Letter

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Jacksonville Beach, FL. 32250

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