

L20000092115

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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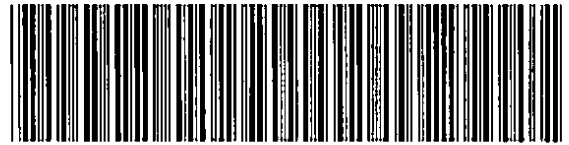
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2020 MAR 20 PM 3:39  
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COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: HOUSE HOPPERS, 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:

EARL M. BARKER, JR.

Name of Person

EARL M. BARKER, JR., P.A.

Firm/Company

5000 SAWGRASS VILLAGE CIRCLE, SUITE 5

Address

PONTE VEDRA BEACH, FLORIDA 32082

City/State and Zip Code

EMBARKER@EMBARKERLAW.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JANET BECK

904

667-3200 X. 202

at ( )

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

TALLAHASSEE, FL 32301

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

HOUSE HOPPERS, 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 Address:

4808 STONE ACRES CIRCLE  
ST. CLOUD, FLORIDA 34771

SAME AS PRINCIPAL OFFICE

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:

EARL M. BARKER, JR.

Name

5000 SAWGRASS VILLAGE CIRCLE, SUITE 5

Florida street address (P.O. Box **NOT** acceptable)

PONTE VEDRA BEACH

FLORIDA

32082

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)

**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

BRUCE A. WEBB  
4808 STONE ACRES CIRCLE  
ST. CLOUD, FLORIDA 34771

AMBR

JORGE V. CANELLAS  
5314 STRATEMEYER DRIVE  
ORLANDO, FLORIDA 32839

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(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.

This is a member managed limited liability company. Either member is authorized to act on behalf of the company \_\_\_\_\_

\_\_\_\_\_

**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.

EARL M. BARKER, JR.

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)

Joshua Daniel Parks Trust u/w/o 02/16/05

FEIN: 26-6485236

**STATEMENT 1**

Investment Advisors' Fees

\$1,983.63