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Florida Department of State
Division of Corporations
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To:

Division of Corporations
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Account Name : HUBCO
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

KAMORI42@SBCGLOBAL.NET
Email Address:

FLORIDA LIMITED LIABILITY CO.

Hawthorne Mercantile Market and Gifts LLC

Certificate of Status	1
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2022 JUL 19 PM 1:08
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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22 JUL 19 PM 12:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H22000244337

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Hawthorne Mercantile Market and Gifts LLC

(Must end with 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:1233 County Road 20A
Hawthorne, FL 32640Mailing Address:1233 County Road 20A
Hawthorne, FL 32640

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:

Kelly Ann Moritz

Name

1233 County Road 20AFlorida street address (P.O. Box **NOT** acceptable)Hawthorne FL 32640

City

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.

Kelly Ann Moritz 7/19/2022
Registered Agent's Signature (REQUIRED)

Kelly Ann Moritz

(CONTINUED)

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ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

Kelly Ann Moritz

1233 County Road 20A

Hawthorne, FL 32640

(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.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

Kelly Ann Stave

Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

Kelly Ann Moritz

Typed or printed name of signer

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