L3300536204

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
Special instructions to Filing Officer.					





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ROBINSON KENNON & KENDRON, P.A.

BRUCE W. ROBINSON *†
KRIS B. ROBINSON
JENNIFER C. BIEWEND

ATTORNEYS AT LAW
582 WEST DUVAL STREET [32055]
POST OFFICE BOX 1178
LAKE CITY, FLORIDA 32056-1178
Telephone (386) 755-1334
Facsimile (386) 755-1336
www.fk-altomeys.com

THOMAS J. KENNON, III †† JOHN J. KENDRON STEPHEN P. MERCER KELLEN G. VINCENT

November 16, 2023

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

Re: New Filing Submitted - Hogan's T-Shirt Printing and Embroidery, LLC

To Whom it May Concern:

Enclosed please find articles of organization for the above referenced new LLC along with our firm's check in the amount of \$160.00 for filing fee, certificate of status and certified copy.

Should you have any questions, please do not hesitate to contact our office.

Sincerely.

Mary Summerfield

Mary Summerfield, FRP Paralegal to Bruce W. Robinson

/mbs

COVER LETTER

TO:	New Filing Section Division of Corporations						
C. I. D. I.I	HOGAN'S T-SHIRT PRINTING A	ND EMBRO	DIDERY, LLC				
SORTE	SUBJECT: Name of Limited Liability Company						
The en	closed Articles of Organization and fee(s)	are submitted	l for filing.				
Please	return all correspondence concerning this r	natter to the	following:				
	BRUCE W. ROBINSON						
		Name o	f Person		_		
	ROBINSON, KENNON & KENDRO	ON, P.A.					
		Firm/Co	ompany		-		
	POST OFFICE BOX 1178						
		Add	ress		-		
	LAKE CITY, FL 32056-1178						
	anngp1@yahoo.com	City/State at	nd Zip Code		-		
	E-mail address: (to be use	d for future	annual report notificati	on)	-		
For furth	ner information concerning this matter, plea	se call:					
		386	755-1334 				
			Daytime Telephone				
Enclos	ed is a check for the following amount:						
	5.00 Filing Fee S130.00 Filing Fee of Certificate of Status	Certit	i5.00 Filing Fee & ied Copy ial copy is enclosed)	■\$160.00 Filing Fee Certificate of Status & Certified Copy (additional copy is enclo	Š.		
	Mailing Address		Street Address				
	New Filing Section Division of Corporations		New Filing Section Di The Centre of Tallaha	ssee	27		
	P.O. Box 6327 Tallabasses, FL 32314		2415 N. Monroe Stree		۲ ا		

ARTICLE IV-

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

	ember	
"AMBR" - Authorized Mi		
"MGR" = Manager		
MGR	Raymond H. Pickett	
	4715-284th Street Branford, FL 32008	_
	Branioid, FL 32008	_
MGR	Alesia M. Pickett	_
	6323 C.R. 248 O'Brien, FL 32071	_
AMBR	Raymond M. Pickett	_
	159 W. Bavou Road	_
	Des Allemands, LA 70038	_
AMBR	John Hill	
	6212 US Hwy 129 North	_
	Live Oak, FL 32060	_
(Use attachment if necessa	uy)	
LEV: Effective date, if other	er than the date of filing:	0 days :
LEV: Effective date, if other fective date is listed, the date of filing.) If the date inserted in this bl	lock does not meet the applicable statutory filing requirements, this date will not Department of State's records.	•
LE V: Effective date, if other fective date is listed, the date of filing.) If the date inserted in this blument's effective date on the LE VI: Other provisions, if a REQUIRED SIGNATU	lock does not meet the applicable statutory filing requirements, this date will not be Department of State's records. ARE: Argumona A. J.	•
LE V: Effective date, if other fective date is listed, the date of filing.) If the date inserted in this blument's effective date on the LE VI: Other provisions, if a REQUIRED SIGNATUS Sign This docular am aware	lock does not meet the applicable statutory filing requirements, this date will not be Department of State's records.	ot be lis
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LE V: Effective date, if other fective date is listed, the date of filing.) If the date inserted in this blument's effective date on the LE VI: Other provisions, if a REQUIRED SIGNATUS Signatus date of the date of the REQUIRED SIGNATUS of the date of the REQUIRED SIGNATUS of the date of the REQUIRED SIGNATUS of the date of the	RE: Comparison of State's records. Comparison of State's records.	ot be lis
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LE V: Effective date, if other fective date is listed, the date of filing.) If the date inserted in this blument's effective date on the LE VI: Other provisions, if a REQUIRED SIGNATU! Sign This docu I am aware constitutes	RE: Comparison of State's records. Comparison of State's records.	ot be lis

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

HOGAN'S T-SHIRT PRINTING AND EMBROI (Must contain the words "Limited Liabi	
ICLE II - Address: miling address and street address of the principal office	of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
203 E. Howard St.	P.O. Box 541
Live Oak, FL 32064	Branford, FL 32008
 	

4715 284th Street		
Florida street add	ress (P.O. Box <u>NOT</u> ac	cceptable)
Branford	FL.	32008
Dittairoju		

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 is registered agent as provided by in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

COVER LETTER

	ew Filing Sectivision of Con					
SUBJECT		T-SHIRT PRINT	ING AND EMBR	OIDERY, LLC		
3003201	Name of Limited Liability Company					
The enclos	sed Articles of	Organization and	fee(s) are submitt	ed for filing.		
Please retu	ırn ail correspo	ondence concernin	g this matter to th	e following:		
	BRUCE W.	ROBINSON				
			Name	of Person		
	ROBINSON	, KENNON & KE	NDRON, P.A.			
		Firm/Company				
	POST OFFI	CE BOX 1178				
		Address				
	LAKE CITY	'. FL 32056-1178				
	anngp l @yah	oo com	City/State	and Zip Code		
			be used for futur	e annual report notificat	ion)	
For further i	nformation co	neerning this matt	er, please call:			
	Bruce W. Ro	binson	386 at (755-1334		
	Nam	e of Person	Area Code	Daytime Telephor	ne Number	
Enclosed i	s a check for t	he following amou	ınt:			
		_	ng Fee & S tatus Cert	155.00 Filing Fee & ified Copy onal copy is enclosed)	■\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	New F Division P.O. B	ig Address Giling Section on of Corporations ox 6327 assee, FL 32314	ì	Street Address New Filing Section D The Centre of Tallah 2415 N. Monroe Stre Tallahassee, FL 3230	assee et, Suite 810	

ARTICLE IV-

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

Title: "AMBR" = Authorized Meml	Name and Address:
"MGR" = Manager	
MGR	Raymond 11, Pickett 4715 284th Street
	Branford, FL 32008
MGR	Alesia M. Pickett 6323 C.R. 248
	O'Brien, FL 32071
AMBR	Raymond M. Pickett 159 W. Bayou Road
	Des Allemands, LA 70038
AMBR	John Hill
	6212 US Hwy 129 North Live Oak, FL 32060
(Use attachment if necessary)	
•	
ARTICLE V: Effective date, if other th If an effective date is listed, the date i	an the date of filing:
he date of filing.)	does not meet the applicable statutory filing requirements, this date will not be listed as
the document's effective date on the D	epartment of State's records.
ARTICLE VI: Other provisions, if any,	
REOUIRED SIGNATURE:	
	wmmeth Tichell
Signaty	the of a member or an authorized representative of a member. It is executed in accordance with section 605.0203 (1) (b). Florida Statutes.
I am aware th	at any false information submitted in a document to the Department of State bird degree felony as provided for in 8.817.155, F.S.
RAYA	IOND II. PICKETT
	Typed or printed name of signee

<u>Filing Fees:</u> \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

S 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liabi	lity Company is:			
	T PRINTING AND EMI			
(Must co	ntain the words "Limited	Liability Comp	oany, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street	address of the principal of	office of the Li	nited Liability Company is:	
Princ	ipal Office Address:		Mailing Address:	
203 E. Howard St.			P.O. Box 541	
Live Oak, FL 3206	4		Branford, FL 32008	
				_
ARTICLE III - Registered A (The Limited Liability Compa another business entity with a The name and the Florida street	ny cannot serve as its owi n active Florida registration	n Registered Agon.) d agent are:	gent. You must designate an individual o	r
	4715 284th Street			
	Florida street addre	ss (P.O. Box <u>N</u>	OT acceptable)	
	Branford	FL	32008	
	City	State	Zip	
place designated in this certifica further agree to comply with the	te, I hereby accept the app provisions of all statutes i obligations of my position	pointment as regretating to the p Jus registered a	or the above stated limited liability comp gistered agent and agree to act in this cap roper and complete performance of my d gent as provided for in Chapter 605, F.S. Signature (REQUIRED)	pacity. I luties, and l

(CONTINUED)