

L23000526204

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

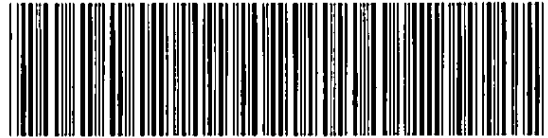
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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11/20/23--01037--015 \*\*160.00

64:01:23 11:23:49



# 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.rk-attorneys.com](http://www.rk-attorneys.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

67:6 100

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: HOGAN'S T-SHIRT PRINTING AND EMBROIDERY, 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:

BRUCE W. ROBINSON

Name of Person

ROBINSON, KENNON & KENDRON, P.A.

Firm/Company

POST OFFICE BOX 1178

Address

LAKE CITY, FL 32056-1178

City/State and Zip Code

annngpl@yahoo.com

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

For further information concerning this matter, please call:

Bruce W. Robinson

386

755-1334

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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite S10  
Tallahassee, FL 32303

64:6 109 64:9:49

**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:**

MGR

Raymond H. 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)

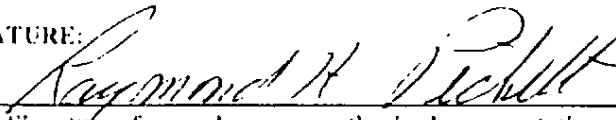
**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(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.

**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.

RAYMOND H. PICKETT

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)

6416 123  
9:49

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

HOGAN'S T-SHIRT PRINTING AND EMBROIDERY, 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:

203 E. Howard St.  
Live Oak, FL 32064

Mailing Address:

P.O. Box 541  
Branford, FL 32008

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:

RAYMOND H. PICKETT

Name

4715 284th Street

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

Branford

FL

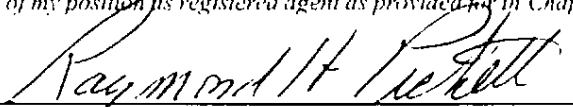
32008

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)

**COVER LETTER**

**TO: New Filing Section  
Division of Corporations**

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AMBR \_\_\_\_\_

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Live Oak, FL 32060

(Use attachment if necessary)

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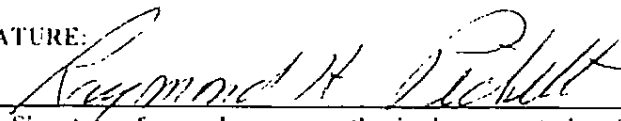
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

REQUIRED SIGNATURE:

  
\_\_\_\_\_  
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RAYMOND H. PICKETT

\_\_\_\_\_  
Typed or printed name of signee

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Name

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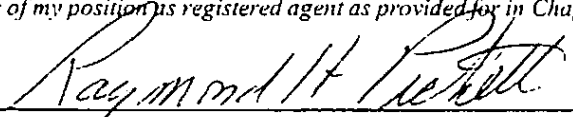
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Registered Agent's Signature (REQUIRED)

(CONTINUED)