

L240000221480

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

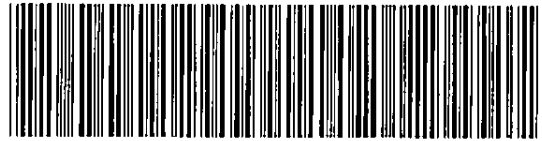
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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FILED

2024 MAY 17 AM 9:47

SECRETARY OF STATE
TALLAHASSEE, FL

RECEIVED

2024 MAY 17 AM 11:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

PLEASE USE FUNDS FROM THIS ACCOUNT: 120210000160: \$ 125.00

AUTHORIZATION SIGNATURE: [Signature]

H4 St. Augustine Motorcars, LLC.

BUSINESS (Name)

Document #

- | | |
|--|---------------------------------------|
| <input type="checkbox"/> Walk in | <input type="checkbox"/> Pick up time |
| <input type="checkbox"/> Mail out | <input type="checkbox"/> Will wait |
| <input type="checkbox"/> Photocopy | |
| <input type="checkbox"/> Certified Copy | |
| <input type="checkbox"/> Certificate of Status | |

NEW FILINGS

- ☐ Profit
☐ Not for Profit
☒ Limited Liability
☐ Domestication
☐ CORP
☐ LLLP

OTHER FILINGS

- ☐ Annual Report
☐ Fictitious Name
☐ APOSTIL () _____
Country

AMMENDMENTS

- ☐ Amendment
☐ Resignation of R.A. Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger
☐ Conversion

REGISTRATION/QUALIFICATIONS

- ☐ Foreign Filing
☐ Limited Partnership
☐ Dissolution/_ Reinstatement
☐ Trademark
☐ Other

2024 MAY 17 AM 9:47
STATE OF FLORIDA
TALLAHASSEE, FL

FILED

EXAMINER'S INITIALS: _____

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TALLAHASSEE, FL 32309
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☐ Other

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TALLAHASSEE, FL
STATE

FILED

EXAMINER'S INITIALS: _____

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: H4 St. Augustine Motorcars, 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:

Michael M. Bajalia, Esq.

Name of Person

Bajalia Law Office, P.A.

Firm/Company

7645 Gate Parkway, Suite 106

Address

Jacksonville, FL 32256

City/State and Zip Code

mbajalia@bajaliawoffice.com

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

For further information concerning this matter, please call:

Michael M Bajalia

at (904)

352-1121

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 810
Tallahassee, FL 32303

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TALLAHASSEE, FL
DIVISION OF STATE

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

H4 St. Augustine Motorcars, 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:

1200 Riverplace Blvd., Suite 700
Jacksonville, FL 32207

Mailing Address:

1200 Riverplace Blvd., Suite 700
Jacksonville, FL 32207

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:

Bajalia Law Office, P.A.

Name

7645 Gate Parkway, Suite 106

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

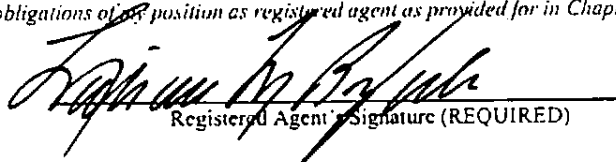
Jacksonville, FL 32256

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)

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CLERK OF STATE
TALLAHASSEE, FL

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

Jack Y. Hanania
1200 Riverplace Blvd., Suite 700
Jacksonville, FL 32207

MGR

Deborah S. Hanania
1200 Riverplace Blvd., Suite 700
Jacksonville, FL 32207

MGR

Jack H. Hanania
1200 Riverplace Blvd., Suite 700
Jacksonville, FL 32207

MGR

Mark H. Hanania
1200 Riverplace Blvd., Suite 700
Jacksonville, FL 32207

(Use attachment if necessary) SEE ATTACHMENT

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 Statute.
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.

Jack Y. Hanania, Manager

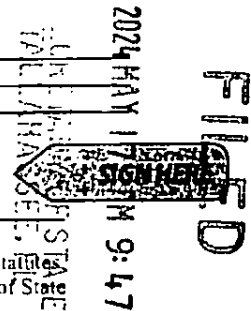
Typed or printed name of signee

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)



ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

T

Name and Address:

Myla Remer

1200 Riverplace Blvd., Suite 700

Jacksonville, FL 32207

S

Shannon Whyte

1200 Riverplace Blvd., Suite 700

Jacksonville, FL 32207

(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.)

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Jack Y. Hanania, Manager

Typed or printed name of signer

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