

L24000281283

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

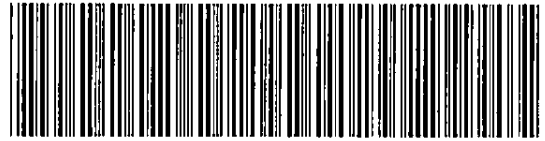
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800430720428

FILED

2024 JUN 21 AM 9:47

SECRETARY OF STATE
HALLMARKS, FL

RECEIVED

2024 JUN 21 PM 5:01

SECRETARY OF STATE
HALLMARKS, FL

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DR
TALLAHASSEE, FL 32309

(850) 491-9625 Brandon
(850) 524-5437 Teresa
(850) 524-6243 Rich

Please use funds from account: I20210000160: \$125.00

Authorization Signature: 

Business Name: HHSC SPRING HILL LLC

Document #

☐ Certified Copy
☐ Certificate of Status

NEW FILINGS

&

AMENDMENTS

☐ Profit Corp
☐ Not for Profit
☒ **Limited Liability**
☐ Domestication
☐ LLLP
☐ Corp
☐ Inc
☐ Other

☐ Amendment
☐ Resignation / Dissociation
☐ Change of Registered Agent
☐ Revocation of Dissolution
☐ Merger
☐ Articles of Conversion
☐ Amended & Restated Articles of Incorporation
☐ Statement of Authority

APOSTILLE(s)

&

OTHER FILINGS

☐ Apostille(s)
☐ Country(s)

☐ Foreign Filing
☐ Reinstatement
☐ Qualification
☐ Fictitious Name
☐ Annual Report

EXAMINER'S INITIALS: _____

FILED
2024 JUN 21 AM 9:47
TALLAHASSEE, FL
STATE OF FLORIDA

FLORIDA CAPITAL COURIER SERVICES, INC

2330 CLARE DR
TALLAHASSEE, FL 32309

(850) 491-9625 Brandon

(850) 524-5437 Teresa

(850) 524-6243 Rich

Please use funds from account: I20210000160: \$125.00

Authorization Signature: 

Business Name: HHSC SPRING HILL LLC

Document #

☐ Certified Copy

☐ Certificate of Status

NEW FILINGS

&

AMENDMENTS

☐ Profit Corp

☐ Not for Profit

☒ **Limited Liability**

☐ Domestication

☐ LLLP

☐ Corp

☐ Inc

☐ Other

☐ Amendment

☐ Resignation / Dissociation

☐ Change of Registered Agent

☐ Revocation of Dissolution

☐ Merger

☐ Articles of Conversion

☐ Amended & Restated Articles of Incorporation

☐ Statement of Authority

APOSTILLE(s)

&

OTHER FILINGS

☐ Apostille(s)

☐ Country(s)

☐ Foreign Filing

☐ Reinstatement

☐ Qualification

☐ Fictitious Name

☐ Annual Report

EXAMINER'S INITIALS: _____

FILED
2021 JUN 21 AM 9:47
TALLAHASSEE, FL
CLERK OF STATE

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: HHSC SPRING HILL 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:

JOHN MULLER

Name of Person

Firm/Company

3429 DELTONA BLVD

Address

SPRING HILL, FL 34606

City/State and Zip Code

CHEFCHRISMULLER@GMAIL.COM

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

For further information concerning this matter, please call:

JOHN MULLER at (727) 410-4534
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

FILED
JUL 21 2024
TALLAHASSEE, FL

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

HHSC SPRING HILL 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:

3429 DELTONA BLVD
SPRING HILL, FL 34606

Mailing Address:

3429 DELTONA BLVD
SPRING HILL, FL 34606

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:

JOHN MULLER

Name

3429 DELTONA BLVD

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

SPRING HILL

FL

34606

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 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)

2024 JUN 21 AM 9:47
CLERK OF STATE
TALLAHASSEE, FL

FILED

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

JOHN MULLER

3429 DELTONA BLVD

SPRING HILL, FL 34606

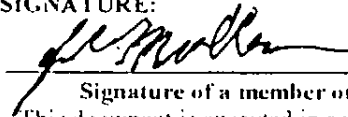
(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 06/21/2024 (OPTIONAL) or 90 days after
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to 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.

JOHN MULLER

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)

2024 JUN 21 AM 9:17
CLERK OF THE
DEPARTMENT OF
STATE
OFFICE

FILED