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City/State/Z	p Phone # Office Use Only	
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CORPORATION N	AME(S) & DOCUMENT NUMBER(S), (if known):	
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Walk in	Pick up time ACCEPTIFIED Copy	
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NEW FILINGS	AMENDMENTS	
Profit	AMENDMENTS  Amendment	
NonProfit	Resignation of R.A., Officer/Director	
Limited Liability	Change of Registered Agent	
Domestication	Dissolution/Withdrawal	
Other	Merger	
1174.		
OTHER FILINGS	REGISTRATION/	
Annual Report	QUALIFICATION	
Fictitious Name	Foreign	
Name Reservation	Limited Purtnership	
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CR21 (4.195)

Examiner's Initials



# FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

April 18, 1997

WILLIAMS & BRANCH, P.A.

TALLAHASSEE, FL

SUBJECT: L.H.M.F., L.L.C. Ref. Number: W97000009075

We have received your document for L.H.M.F., L.L.C. and check(s) totaling \$285.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The affidavit must set forth the amount of the cash and a description and the agreed value of property other than cash contributed by the members, and the amount anticipated to be contributed by the members.

IF THE CONTRIBUTION IS "0" THEN YOU MUST PUT "0".

Please return the enclosed check for \$285.00 or a newly issued check with your corrected document.

If you have any questions concerning the filing of your document, please call (904) 487-6934.

Loria Poole Corporate Specialist

Letter Number: 197A00019892

# ARTICLES OF ORGANIZATION OF L.H.M.F., L.L.C.

The undersigned corporation, acting as a member under the provisions of Chapter 608, Florida Statutes, adopts the following Articles of Organization:

# ARTICLE I

#### Name

The name of this Limited Liability Company shall be L.H.M.F., L.L.G.

# ARTICLE II

## Principal Place of Business and Mailing Address

The principal place of business and mailing address of the Limited Liability Company shall be 7567 Preservation Road, Tallahassee, Florida 32312.

#### ARTICLE III

#### Duration

The period of duration for the Limited Liability Company shall be perpetual, unless terminated by other provisions of these Articles of Organization.

#### ARTICLE IV

#### **Management**

The Limited Liability Company is to be managed by its members as set forth in its Regulations. The name and address of the members are:

**Name** 

**Address** 

R.O.M. Management, Inc.

7567 Preservation Road Tallahassee, Fl.32312

David Berlin

11881 Clearwater Oaks Drive Jacksonville, Fl. 32223

#### ARTICLE V

### **Admission of Additional Members**

Members of the Limited Liability Company may admit additional members, but only upon the unanimous approval of the existing members of the Limited Liability Company.

#### ARTICLE VI

# **Members - Rights to Continue Business**

The members of the Limited Liability Company may not continue the business of the Limited Liability Company on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member, unless the remaining members unanimously agree otherwise.

#### ARTICLE VII

# Transfer of Member's Interest

The transfer of any member's interest in the Limited Liability Company, whether to an existing member or a non-member, requires unanimous approval of all members of the Limited Liability Company.

#### ARTICLE VIII

## Name and Address of Registered Agent

The name and address of the Registered Agent of the Limited Liability Company shall be Ron Wahl, and his address is 7567 Preservation Road, Tallahassee, Florida 32312.

IN WITNESS WHEREOF, the undersigned, being the President of R.O.M. Management, Inc., a member of this Limited Liability Company, executes these Articles of Organization and certifies to the truth of the facts herein stated in the State of Florida, this / \( \subseteq \) day of April, 1997.

ts: President

Well

# State of Florida County of Leon

The foregoing Articles of Organization were acknowledged before me this Ith day of April, 1997, by Ron Wahl, as President of R.O.M. Management, Inc.

Notary Public



# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA:

- 1. The name of the limited liability company is L.H.M.F., L.L.C.
- 2. The name and address of the registered agent and office is:

Ron Wahl 7567 Preservation Road Tallahassee, Florida 32308

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 OF 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.

Walt

	Signature
	4-16-97 Date
State of Florida County of Leon	
The foregoing Certificate of Designation of before me this /// day of April, 1997 ov. Roy	f Registered Agent / Office was aconowledged
Notary Public CC 295	PH 4: 51

# AFFIDAVIT OF MEMBERSHIP **AND CONTRIBUTIONS**

The undersigned member of L.H.M.F., L.L.C., deposes and says:

- The above-named limited liability company has at least two (2) members. 1.
- 2. contribution by the members will be their guarantee of the Limited The Liability Company debt. There will be \$0.00 cash contribution.

Signature

4-16-97 Date

2 Well

State of Florida County of Leon

The foregoing Affidavit of Membership and Contributions was acknowledged before me this //oth day of April, 1997, by Ron Wahl in his capacity as President of R.O.M. Management, Inc.



