

Document Number Only

L 99 000005197

C T CORPORATION SYSTEM

Requestor's Name

660 East Jefferson Street

Address

Tallahassee, FL 32301 (850)222-1092

City

State

Zip

Phone

700002965417--8

-08/20/99--01036--037

\*\*\*\*285.00 \*\*\*\*285.00

CORPORATION(S) NAME

HLN Enterprises, L.L.C.

☐ Profit

☐ NonProfit

☒ Limited Liability Company

☐ Foreign

☐ Amendment

☐ Dissolution/Withdrawal

☐ Merger

☐ Mark

☐ Limited Partnership

☐ Reinstatement

☐ Limited Liability Partnership

☐ Certified Copy

☐ Annual Report

☐ Reservation

☐ Photo Copies

☐ Other

☐ Change of R.A.

☐ Fictitious Name

☐ CUS

☐ Call When Ready

☒ Walk In

☐ Mail Out

☐ Call if Problem

☐ Will Wait

☐ After 30

☒ Pick Up

Name  
Availability

Document  
Examiner

Updater

Verifier

Acknowledgment

W.P. Verifier

PLEASE RETURN EX-100 (S)

FILE STAMPED

THANKS

JOEY

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - Name:**

The name of the Limited Liability Company is:

HLN Enterprises, L.L.C.

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

15916 Ellsworth Drive  
Tampa, FL 33647

**ARTICLE III - Duration:**

The period of duration for the Limited Liability Company shall be:

December 31, 2029

**ARTICLE IV - Management:**

(Check the appropriate box and complete the statement)

☒ The Limited Liability Company is to be managed by a manager or managers and the name(s) and address(es) of such manager(s) who is/are to serve as manager(s) is/are:

Harold L. Nixon  
15916 Ellsworth Drive  
Tampa, FL 33647

☐ The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/are:

**ARTICLE V - Admission of Additional Members:**

The right, if given, of the members to admit additional members and the terms and conditions of the admissions shall be:

N/A

FILED  
99 AUG 20 PM 28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE VI - Members Rights to Continue Business:**

The right, if given, of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be:

N/A

**ARTICLE VII - Affidavit of Membership and Contributions**

The undersigned member or authorized representative of a member of HLN Enterprises, L.L.C.

\_\_\_\_\_ certifies:

- 1) the above named limited liability company has at least one member;
- 2) the total amount of cash contributed by the member(s) is \$ 55,000;
- 3) if any, the agreed value of property other than cash contributed by member(s) is \$ 0;  
(A description of the property is attached and made a part hereto.); and
- 4) the total amount of cash and property contributed and anticipated to be contributed by member(s) is \$ 55,000.



\_\_\_\_\_  
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Harold L. Nixon

\_\_\_\_\_  
Typed or printed name of signer

**Filing Fee: \$250.00 for Articles and Affidavit**

99 AUG 20 PM 1:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, 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: HLN Enterprises, L.L.C.

2. The name and address of the registered agent and office is:

Harold L. Nixon

(Name)

15916 Ellsworth Drive

(P.O. Box not acceptable)

Tampa, FL 33647

(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.*

  
(Signature)

August 19, 1999  
(Date)

FILING FEE: \$ 35 for Designation of Registered Agent

28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

99 AUG 20 PM 1:28

FILED