

**L99000006433**

Requester's Name  
Edison V. Frederick  
Address  
One hundred Sixteen North Park Avenue  
Sanford, FL 32771  
City/State/Zip Phone #

100003004871--3  
-10/04/99--01135--015  
\*\*\*\*675.00 \*\*\*\*155.00

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. \_\_\_\_\_  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

FILED  
OCT 14 PM 5:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

- ☐ Walk in ☐ Pick up time \_\_\_\_\_  
☐ Mail out ☐ Will wait ☐ Photocopy

- ☐ Certified Copy  
☐ Certificate of Status

**NEW FILINGS**

- ☐ Profit  
☐ Not for Profit  
☐ Limited Liability  
☐ Domestication  
☐ Other

**AMENDMENTS**

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

**OTHER FILINGS**

- ☐ Annual Report  
☐ Fictitious Name

**REGISTRATION/QUALIFICATION**

- ☐ Foreign  
☐ Limited Partnership  
☐ Reinstatement  
☐ Trademark  
☐ Other

**L99-6433**

Name	<u>[Signature]</u>
Availability	<u>[Signature]</u>
Document	<u>[Signature]</u>
System	<u>[Signature]</u>
Register	<u>[Signature]</u>
Register	<u>[Signature]</u>
Verifier	<u>[Signature]</u>
Acknowledgment	<u>[Signature]</u>
W. P. Verifier	<u>[Signature]</u>

Examiner's Initials

**ARTICLES OF ORGANIZATION**  
**FLORIDA-LIMITED-LIABILITY-COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is Hannah Associates, a Limited Liability Company.

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is 116 North Park Avenue, Sanford, Florida 32771.

**ARTICLE III - Duration:**

The period of duration for the Limited Liability Company shall be perpetual.

**ARTICLE IV - Management:**

The Limited Liability Company is to be managed by a member, the name and address of such member who is to serve as manager is Sherwood A. Jacobson, M. D., 328 East 18th Street, New York, New York 10003.

**ARTICLE V - Admission of Additional Members**

The right is given to the members to admit additional members and the primary terms and conditions of the admissions, which may not be waived, shall be that such member shall be related by consanguinity to Manuel Jacobson and Hannah Jacobson.

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

The right 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 unconditional.

FILED  
OCT-4 PM 3:00  
CLERK OF COURT  
JANUARY 1974

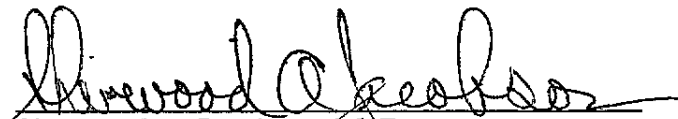
**ARTICLE VII -**

The undersigned member or authorized representative of a member of Manuel Associates, a Limited Liability Company certifies:

- 1) the above named Limited Liability Company presently has two member,  
to wit;

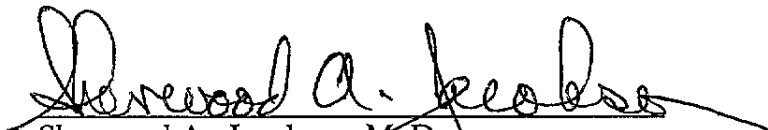
Sherwood A. Jacobson, M. D., 328 East 18th Street, New  
York, New York 10003.

by



Sherwood A. Jacobson, M. D.  
328 East 18th Street  
New York, New York 10003.

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.



Sherwood A. Jacobson, M. D.  
328 East 18th Street  
New York, New York 10003.

**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 TO DESIGNATE A REGISTERED OFFICE  
AND REGISTERED AGENT IN THE STATE OF FLORIDA.

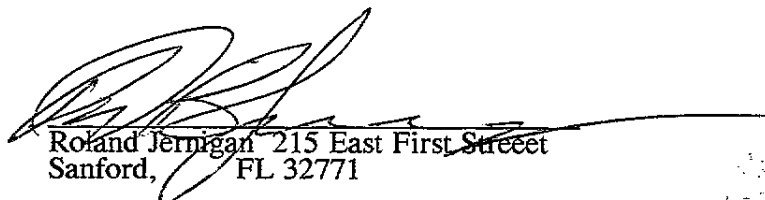
1. The name of the limited liability company is:

Hannah Associates LLC

2. The name and the Florida street address of the registered agent are:

Roland Jernigan  
215 East First Street  
Sanford, FL 32771

Having been named as a 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.



Roland Jernigan 215 East First Street  
Sanford, FL 32771

**Filing Fee: \$35 for Designation of Registered Agent**

FILED  
09 OCT -4 PM 5: 00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA