## LOOOOOOQQ50 SKS' 4 Associates Requester's Name 20423 State Road 7, She Good Address Baca Raton, FL 33498 City/State/Zip Phone # 700003355727—5 -08/14/00--01110--017 \*\*\*\*\*150.00 \*\*\*\*\*125.00

Office Use Only

CORPORATION NAME(S)	& DOCUMENT NUMBER(S), (if known)	).
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(Corporation Name)	(Document #)
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Mail out Will wait	Photocopy Certificate of Status
NEW FILINGS	AMENDMENTS
☐ Profit	☐ Amendment
Not for Profit	Resignation of R.A., Officer/Director
Name Limited Liability	Change of Registered Agent
Availability Domestication	☐ Dissolution/Withdrawal
Pocument Other Examiner Dou	☐ Merger
OTHER FILINGS	REGISTRATION/QUALIFICATION
Annual Report	☐ Foreign
verliver Fictitious Name	Limited Partnership
Ackno viedgement DCC	Reinstatement
TOTAL TOTAL	Trademark
W. P. Verifyer DCC	<b>□</b> Other

CR2E031(7/97)

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Examiner's Initials

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:
THE HART FOUNDATION, L.C.
ARTICLE II - Address:  The mailing address and street address of the principal office of the Limited Liability Company is:  300, S. OLEAN DRIVE #6V  HOLLYWOOD, FL 33019
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
The name and the Florida street address of the registered agent are:
JOEL HECHT
Name
2001 S. OCEAN DRIVE #6V
Florida street address (P.O. Box NOT acceptable)  Howywood FL 33019
City, State, and Zip
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 608 F.S.  Registered Agent's Signature  Article IV - Management (Check box if applicable.)  The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.
(An additional article must be added if an effective date is requested)  Signature of a member or an authorized representative of a member.  (In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)
Typed or printed name of signee

FILING FEES:
\$ 100.00 Filing Fee for Articles of Organization
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (OPTIONAL)
\$ 5.00 Certificate of Status (OPTIONAL)