

L1200002115 ✓

(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



200219087342

01/25/12--01012--006 **125.00

EFFECTIVE DATE 02-12-12

FILED
12 FEB 10 PM 4:03
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

B. BOSTICK
FEB 13 2012
EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Halle Associates, 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:

Robert Halle
Name of Person

Halle Associates, LLC
Firm/Company

5004 Coach Lane
Address

Naples, FL 34114
City/State and Zip Code

hallebob@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robert Halle at (**330**) **697-9501**
Name of Person *Area Code & Daytime Telephone Number*

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

12 FEB 10 PM 4:08
 STATE OF FLORIDA
 TALLAHASSEE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Halle Associates, LLC

(Must end with 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:

5004 Coach Lane
Naples FL 34114

Mailing Address:

5004 Coach Lane
Naples FL 34114

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:

Robert Halle

Name

5004 Coach Lane

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

Naples

FL 34114

City, State, and Zip

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

12 FEB 10 PM 4:08

PM 5:30

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 as provided for in Chapter 608, F.S..



Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Robert Halle

5004 Coach Lane

Naples, FL 34114

12 FEB 10 PM 4:08
STATE
FALLA HASSER FLORIDA

PPH 1010

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 2/12/12. (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:



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. 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.)

Robert Halle

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)
- \$.50 Certificate of Status (Optional)



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 26, 2012

ROBERT HALLE
5004 COACH LANE
NAPLES, FL 34114

SUBJECT: HALLE ASSOCIATES, LLC
Ref. Number: W12000005090

We have received your document for HALLE ASSOCIATES, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on . Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6028.

Barbara Bostick
Regulatory Specialist II

Letter Number: 612A00002404