

L12000087670

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

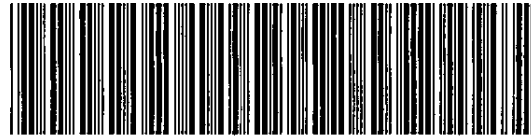
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12 JUL -2 AM 5:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK

JUL - 5 2012

EXAMINER



June 27, 2012

Via FedEx 2 Day Mail

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RE: HC Center I, LLC

Dear Sir/Madam:

Please find enclosed the completed and signed Limited Liability Company Articles of Organization and filing fee for the above referenced company. Please do not hesitate to call with any questions with this submittal or if you need anything further to process this request.

Thank you very much for your time and let me know if you have any questions.

Sincerely,

A handwritten signature in black ink, appearing to read "Kasie Lynn".

Kasie Lynn
Morgan Property Group
13024 Ballantyne Corporate Place
Suite 250
Charlotte, NC 28277
704-909-4507

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TALLAHASSEE, FLORIDA

Enclosures

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: HC Center I, 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:

George A. Morgan, III

Name of Person

Florida Property Investment Partners, Inc.

Firm/Company

450 E. Las Olas Boulevard, Suite 730

Address

Fort Lauderdale, FL 33301

City/State and Zip Code

klynn@morganpg.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kasie Lynn

at (***704***) ***909-4507***

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

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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

HC Center I, 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:

450 E. Las Olas Boulevard

Suite 730

Fort Lauderdale, FL 33301

Mailing Address:

13024 Ballantyne Corporate Place

Suite 250

Charlotte, NC 28202

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:

Florida Property Investment Partners, Inc.

Name

450 E. Las Olas Blvd., Suite 730

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

Fort Lauderdale, FL 33301

City, State, and 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 as provided for in Chapter 608, F.S..


Registered Agent's Signature (REQUIRED)

(CONTINUED)

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CLERK OF STATE
TALLAHASSEE, FLORIDA

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

MGRM

Name and Address:

George A. Morgan, Jr.

450 E. Las Olas Boulevard, Suite 730
Fort Lauderdale, FL 33301

MGRM

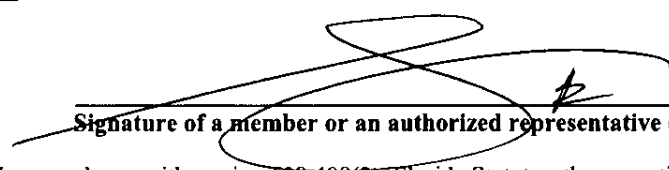
George A. Morgan, III

450 E. Las Olas Boulevard, Suite 730
Fort Lauderdale, FL 33301

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (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.)

George A. Morgan, III

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)
- \$ 5.00 Certificate of Status (Optional)