L06000114765

•		
(Re	equestor's Name)	
(Ac	ddress)	<u></u>
ν."	.u. 000)	
(Ad	ddress)	
(Cı	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Ві	usiness Entity Na	me)
(Do	ocument Number	
·	·	
Certified Copies	_ Certificate	s of Status
		-
Special Instructions to	Filing Officer:	
		.
		14
		10
	Office Use On	"Y MIX



800081858218

12/06/06--01013--011 **155.00

SECRETARY OF STATE

COVER LETTER

C. A

TO: Registration Se Division of Co			
SUBJECT: L HAL	L ENTERPRISES	LLC	
	(Name of Limite	d Liability Company)	
The enclosed Articles of	f Organization and fee(s) are s	ubmitted for filing.	
Please return all corresp	ondence concerning this matte	er to the following:	
SHARON	MCGEE BROCK	KENBROUGH	
	(Name of Person)	
HALE MC	GEE & ASSOCIA		06
	(Firm/Company)	EC. JEC.
883 W G	RANADA BLVD		最多
		(Address)	Fig. 1
ORMON	D BEACH, FL 3		
	(City	/State and Zip Code)	Du.
For further information	concerning this matter, please	call:	
Sharon Brocke		at (386) 672-67	
(Name	of Person)	(Area Code & Daytime To	elephone Number)
Enclosed is a check fo	r 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 Addres Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:

L HALL ENTERPRISES LLC

(Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,")

ARTICLE II - Address:

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

Principal Office Address:	Mailing Address:
2121 S PALMETTO AVENUE	2121 S PALMETTO AVENUE
SOUTH DAYTONA, FL 32119	2121 S PALMETTO AVENUE SOUTH DAYTONA, FL 32119
	tered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another the registered agent are:
	Name :
883 W Granada Blv	vd. et address (P.O. Box <u>NOT</u> acceptable)
Ormond Beach, FL 321 City, St	74 FL tate, and Zip
Sharon McGee Brock N 883 W Granada Blv Florida stree Ormond Beach, FL 321	kenbrough lame /d. et address (P.O. Box <u>NOT</u> acceptable) 74 FL

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)
Page 1 of 2

Title: "MGR" = Man	ager	Name and Address:	
	anaging Member		
MGR		LINDA HALL	
		2121 S PALMETTO AVENUE	-
		SOUTH DAYTONA, FL 32119	
MGRM		LANCE A. HALL	
		2121 S PALMETTO AVENUE	_
		SOUTH DAYTONA, FL 32119	-
			- Z
			- 写
			_
			_
(Use attachmen	nt if necessary)		_
CLE V: Effective	e date, if other than the	e date of filing: (OPTIO	ONAL)
CLE V: Effective fective date is 0 days after the	e date, if other than the	e date of filing: (OPTIO be specific and cannot be more than five business	ONAL) days [
CLE V: Effective fective date is 0 days after the	re date, if other than the listed, the date must be date of filing.)	e date of filing: (OPTIO	ONAL) days j
CLE V: Effective fective date is 0 days after the	re date, if other than the listed, the date must be date of filing.) SIGNATURE:	be specific and cannot be more than five business ##################################	ONAL)
CLE V: Effective fective date is 0 days after the	de date, if other than the listed, the date must be date of filing.) SIGNATURE: Signature of a memb	be specific and cannot be more than five business How the specific and cannot be more than five business per or an authorized representative of a member.	ONAL) days I
CLE V: Effective fective date is 0 days after the	de date, if other than the listed, the date must be date of filing.) SIGNATURE: Signature of a member (In accordance with see	per or an authorized representative of a member. ection 608.408(3), Florida Statutes, the execution attitutes an affirmation under the penalties of perjury	ONAL) days p
CLE V: Effective fective date is 0 days after the	re date, if other than the listed, the date must be date of filing.) SIGNATURE: Signature of a member of this document constructions that the facts stated LINDA HALL	per or an authorized representative of a member. ection 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury herein are true.)	ONAL) days [
CLE V: Effective fective date is 0 days after the	re date, if other than the listed, the date must be date of filing.) SIGNATURE: Signature of a member of this document constructions that the facts stated LINDA HALL	per or an authorized representative of a member. ection 608.408(3), Florida Statutes, the execution attitutes an affirmation under the penalties of perjury	ONAL) days p

\$ 30.00 Certified Copy (Optional)\$ 5.00 Certificate of Status (Optional)