

LO100019190

MAUREEN ALTER
1695 Pinedale Dr SE
Hobe Sound, FL 33455

November 1, 2001

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****125.00 ****125.00

Registration Section
Division of Corporations
PO Box 6327
Tallahassee, Florida 32314

Dear Sir:

Enclosed please find the Articles of Organization for the Florida Limited Liability Company to be known as HALFWAY TO HEAVEN, LLC. Also enclosed please find a cashier's check in the amount of \$125.00 to cover the filing and registered agent fees.

My daytime telephone number is (561) 741-0629.

Thank you for your attention to this matter.

Sincerely,

Maureen Alter
Maureen Alter

FILED
01 NOV -5 PM 5:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LO1-19190
AR

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

HALFWAY TO HEAVEN, LLC

ARTICLE II - Address:

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

11695 Plandome Dr. S.E., Hobe Sound, FL 33455

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

Maureen Alter

Name

11695 Plandome Dr. S.E.

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

Hobe Sound FL 33455

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.

Maureen Alter

BY:

Maureen Alter

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.)

Maureen Alter

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.)

MAUREEN ALTER

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)

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA