

L03000025578

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

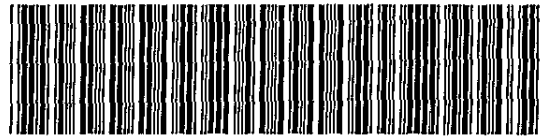
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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07/10/03--01036--005 **125.00

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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L03 25578 M 7/14/03

HM PROPERTIES, LLC

**1715 SE Tiffany Ave.
Port St. Lucie, Fl. 34952**

**Tel.: 772-337-2020
Fax: 772-337-3251**

July 7, 2003

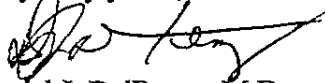
Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, Fl. 32314

Gentlemen:

Enclsoed please find the Articles of Organization and check in the amount of \$125.00 for filing with the Florida Department of State the following limited liability company: HM Properties, LLC, 1715 SE Tiffany Ave, Port St. Lucie, Fl. 34952

Should you have any questions on the above, I can be reached at 772-337-2020.

Very truly yours,


Daniel J. DelRowe, M.D.
Registered Agent

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

HM Properties, LLC

ARTICLE II - Address:

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

1715 S. E. Tiffany Avenue, Port St. Lucie, Florida 34982

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

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

Daniel J. DelRowe, M.D.

Name

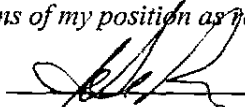
1715 S.E. Tiffany Avenue

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

Port St. Lucie, Florida 34982 FL

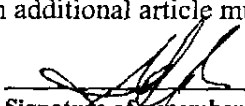
City, State, and Zip

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

(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.)

Daniel J. DelRowe, M.D.

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)

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