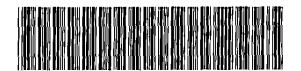
L0500042390

(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



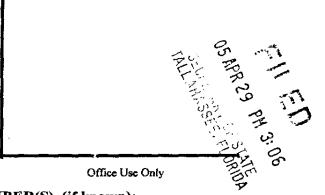
400052258484

04/29/05--01031--016 **155.00

LAZARUS CORPORATE FILING SERVICE

3320 SW 87TH AVENUE

MIAMI, FL 33165 (305) 552-5973



CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

		ON NAME(S) & DOC	COMMENT	nomber(s), (ii	Known).
1.	HAL	HOLDINGS (Corporation Name)	,LL		
	•	(Corporation Name)	,	(Document #)	
2.					
۷.		(Corporation Name)	 	(Document #)	
3.		(Corporation Name)	 	(Document #)	
4.					
		(Corporation Name)		(Document #)	
	Walk in	Pick up time	2.00	**************************************	Certified Copy
	Mail out	☐ Will wait		Photocopy	☐ Certificate of Status
1	EW FILING	<u>GS</u>	AM	<u>IENDMENTS</u>	
	Profit Not for Profit Limited Liability Domestication Other			Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger	
<u>C</u>	THER FILI	<u>INGS</u>	RE	GISTRATION/Q	<u>UALIFICATION</u>
	Annual Ro Fictitious		00000	Foreign Limited Partnersh Reinstatement Trademark Other	ip

Examiner's Initials

ILITY COMPANY

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	P P
The name of the Limited Liability Company is	s:
HAL Holdings, LLC	
ARTICLE II - Address: The mailing address and street address of the particle o	principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
9360 Sunset Drive	P.O. Box 832468
Suite: 245 Miami, FL 33173	Miami, FL 32283
The name and the Florida street address of the Otto A. Gonzale Name 9360 Sunset Dr. Florida street ac	ez Jr.
Miami, City, State.	FL 33173
liability company at the place designated in registered agent and agree to act in this capaci statutes relating to the proper and down of the	accept service of process for the above stated limited this certificate, I hereby accept the appointment as try I further agree to comply with the provisions of all afformance of my duties, and I am familiar with and stered agent as provided for in Chapter 608, F.S

(CONTINUED)

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Membe	Name and Address:
MGR	Otto A. Gonzalez Jr. 9360 Sunset Drive Suite 24: Miami, FL 33173
	
(Use attachment if necessary) NOTE: An additional article	must be ad ded if an effective date is requested.
REQUIRED SIGNATURE:	rember to an authorized representative of a member.
(In accordance of this documer	with section 608.408(3). Florida Statutes, the execution at constitutes an affirmation under the penalties of perjury stated herein are true.)
<u>Otto</u>	A. Gonzalez Jr Typed or printed name of signee
Filing Fees:	· · · · · · · · · · · · · · · · · · ·
\$125.00 Filing Fee for Articles of Registered Agent \$ 30.00 Certified Copy (Options \$ 5.00 Certificate of Status (O)	al)