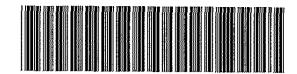
## 605000081157

(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:				





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SECNERSSEE FLORIDA

M08/17/05

## TRANSMITTAL LETTER

TO: Registration So Division of Co				
SUBJECT: Halia Ho		ed Liability Comp	any)	
The enclosed Articles o	f Organization and fee(s) are s	submitted for filing	g.	
Please return all corresp	ondence concerning this matter	er to the following	<b>:</b>	
Margare	t Jean Rhodes	Name of Person)		
		rame of 1 cison)		
		(Firm/Company)		
1190 Waho	o Court			OS AUG 15 PH 1:37
<u>-</u>		(Address)		B 15
Naple	es Florida, 34102			PRESENTE OF THE PRESENT OF THE PRESE
	(City	/State and Zip Code	)	NATE ORIGINAL
For further information	concerning this matter, please	call:		y
Margaret Jean Rhode	S of Person)	at ( 239 (Area Code	213-1620	elephone Number)
,	r the following amount:	(	- u 2	repriese (values)
☐ \$125.00 Filing Fee	☐ \$130.00 Filing Fee & Certificate of Status	\$155.00 Fi Certified Copy (additional copy)	Ý .	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Regist Divisio 409 E.	ET ADDRESS: ration Section on of Corporations Gaines Street	]	MAILING AI Registration So Division of Co P.O. Box 6327	ection orporations

Tallahassee, Florida 32314

Tallahassee, Florida 32399

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:				
The name of the Limited Liability Company	18:			
Halla Holdings, LLC				
ARTICLE II - Address: The mailing address and street address of the	principal office of the Limited Liability Company is:			
Principal Office Address:	Mailing Address:			
1200 5th Ave South	1200 5th Ave South			
Suite 108	Suite 108			
Naples FL, 34102	Naples FL 34102			
The name and the Florida street address of th  Margaret Jean Rhodes	Ale of			
Nar	me Care			
1200 5th Ave South, Suite				
Florida street	address (P.O. Box NOT acceptable)			
Naples, FL, 34102	FI.			
City, State, and Zip				
liability company at the place designated i registered agent and agree to act in this capa statutes relating to the proper and complete	to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as city. I further agree to comply with the provisions of all performance of my duties, and I am familiar with and egistered agent as provided for in Chapter 608, F.S			

(CONTINUED)

## 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	Name and Address:
MGRM	Margaret Jean Rhodes
	1190 Wahoo Court
	Naples, FL, 34102
MGR	Philip O. Rhodes
	1190 Wahoo Court
	Naples Florida, 34102
<del></del> ,	
(Use attachment if necessary)	
NOTE: An additional article mu	ist be added if an effective date is requested.
REQUIRED SIGNATURE:	TALLAH OS AUG
Mary	and Jan Klodes 5 7
Signature of a men	nber or an authorized representative of a member.
of this document co	section 608.408(3), Florida Statutes, the execution shortiutes an affirmation under the penalties of perjury and herein are true.)
Margaret Jean R	hodes

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)