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Office Use Only



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## **COVER LETTER**

TO: Registration Section Division of Corporations	•
SUBJECT: Henry Three Property M (Name of Limite	lanagement LLC.
The enclosed Articles of Organization and fee(s) are s	
James R.Henry	(Name of Person)
H. T. P. Management LLC	•
1377 East 49 St.	(Firm/Company)
	(Address)
Brooklyn NY 11234  (City  For further information concerning this matter, please	//State and Zip Code)
James R.Henry  (Name of Person)	at ( 631 ) 252-8568 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)
Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

Henry Three Property Management LL (Must end with the words "Limited Liability Company, "Lin		
ARTICLE II - Address: The mailing address and street address of the	e principal office of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
1377 East 49 St.	1377 East 49 St.	
Brooklyn NY 11234	Brooklyn NY 11234	
(The Limited Liability Company cannot serve as its own Rebusiness entity with an active Florida registration.)  The name and the Florida street address of the Christine L. Chitan	AHATA HATA	FILED
Nar	me SS	- 7
1324 Par Avenue		E O
Florida street	address (P.O. Box NOT acceptable)	بر دی
Ormond Beach	EL	
City, State	te, and Zip	
liability company at the place designated in registered agent and agree to act in this capac	to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as acity. I further agree to comply with the provisions of all appropriate performance of my duties, and I am familiar with and	

(CONTINUED)
Page 1 of 2

Registered Agent's Signature (REQUIRED)

accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

<u>Title:</u> "MGR" = Mana		Name and Address:	
"MGKM" = Ma	naging Member		
MGR		James R.Henry	
		339 East 53rd St. Apt.4	
		Brooklyn, NY 11203	··
MGR		Kenneth D. Henry	
	<del></del>	1069 Sterling Place	<del></del>
		Brooklyn, NY 11216	
MGRM		Cindy M. Henry	
<del></del>	<del></del>	1377 East 49 St.	<del></del>
		Brooklyn NY 11234	<del></del>
			<u> </u>
(Use attachment	if necessary)		
·	* *		
•	date if other than the	date of filing: October 1, 2005 (OPT	TONIALL
LE V: Effective fective date is lis	sted, the date must be	date of filing: October 1, 2005 . (OPT e specific and cannot be more than five business	IONAL) ss days prior
LE V: Effective fective date is lis	sted, the date must be		
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LE V: Effective fective date is lis days after the d	sted, the date must be ate of filing.)  GNATURE:  Signature of a member of this document constitution of the state of the	roran authorized representative of a member.	ss days prior
LE V: Effective fective date is lis days after the d	sted, the date must be ate of filing.)  GNATURE:  Signature of a member (In accordance with sec	roran authorized representative of a member.	ss days prior

Page 2 of 2

\$125.00 Filing Fee for Articles of Organization and Designation

Filing Fees:

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