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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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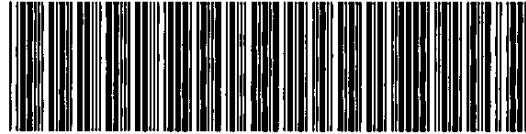
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

8/28

[Signature]

CORSARO & ASSOCIATES CO., LPA

2001 CROCKER ROAD
GEMINI TOWER II, SUITE 400
CLEVELAND, OH 44145
(440) 871-4022/TELEPHONE
(440) 871-9567/FACSIMILE

August 24, 2006

VIA UPS 1Z F60 R31 22 1001 498 9

Florida Secretary of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: HLZ Properties, LLC

Dear Sir or Madam:

Enclosed for filing please find Articles of Organization for the above-referenced entity. Also enclosed is a check in the amount of \$125.00 as the required filing fee. Kindly process the Articles and returned a filed copy to the undersigned.

If you have any questions, please feel free to contact me at any time.

Sincerely,
CORSARO & ASSOCIATES CO., LPA



By: Mark A. Kikta, Esq.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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MAK/naa
Enclosures

cc: Mr. Harold Zink (w/o encls.)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HLZ Properties, LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Mark A. Kikta, Esq.

(Name of Person)

Corsaro & Associates Co., LPA

(Firm/Company)

2001 Crocker Road, Suite 400

(Address)

Westlake, Ohio 44145

(City/State and Zip Code)

For further information concerning this matter, please call:

Mark A. Kikta, Esq.

(Name of Person)

at (440) 871-4022

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,
Certificate of Status &
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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

HLZ Properties, LLC

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.,")

ARTICLE II - Address:

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

Principal Office Address:

365 Pirates Bight Naples FL 34103

Mailing Address:

365 Pirates Bight Naples FL 34103

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Harold L. Zink

Name

365 Pirates Bight

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

Naples, FL 34103

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 (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FLORIDA

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:

Manager

Harold L. Zink

365 Pirates Bight Naples FL 34103

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TALLAHASSEE, FLORIDA

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(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: Date of Filing. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:



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.)

Harold L. Zink

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)