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PICK-UP WAIT MAIL
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DIVISION OF LONFORMATORS

LLOYD HONICKMAN Certified Public Accountent Registered Investment Advisor 401 NE Migner Boulevard, Apt. T 506 Bota Raton . FL 33432 561 393-6896

Enclosed please find Antidos of Dorganization
For Two LLCS

1) LHAII LLC

WHAIIS LLC

WITHER STATIONS

WITH 125 Check to each MOISTVATIONS

THANK YOU TO Advance For for your

Prompt Attocker

You Houle OIA

COVER LETTER

TO: Registration Section Division of Corporations	<u>D</u>
SUBJECT: LHALL LLC (Name of Limited Liability Company)	NISION OF FEB 20
The enclosed Articles of Organization and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following:	AH IO: 3
LLoyd HonickMAN (Name of Person)	20 E
LLOYD HONICKMAN CPA PA	
401 NE MIZNER BLVd Apt Tro6 (Address)	tion and the second
BOCA RATON, FC 33432 (City/State and Zip Code)	<u>ranga</u> kanang kanang ra
For further information concerning this matter, please call: LLOYO HONICKMAN at 56 3936896 (Name of Person) (Area Code & Daytime Telephone Number)	الله المحادث الماسية الماسية
(Name of Person) (Area Code & Daytime Telephone Number) Enclosed is a check for the following amount:	
\$\sum_{\text{\$125.00 Filing Fee}} \sum_{\text{\$130.00 Filing Fee}} \text{\$\text{\$\sum_{\$155.00 Filing Fee}}} \text{\$\text{\$\text{\$\cute{Certified Copy}}} \text{\$\text{\$\cute{Certified Copy}} \text{\$\text{\$\cute{Certified Copy}}} \text{\$\text{\$\cute{Certified Copy}} \text{\$\cute{Certified Copy} \text{\$\cute{Certified Copy}} \text{\$\cute{Certified Copy}} \text{\$\cute{Certified Copy} \text{\$\cute{Certified Copy}} \text{\$\cute{Certified Copy}} \text{\$\cute{Certified Copy} \text{\$\cute{Certified Copy}} \text{\$\cute{Certified Copy} \text{\$\cute{Certified Copy}} \text{\$\cute{Certified Copy} \text{\$\cute{Certified Copy}} \$\cut	s &
Mailing Address Registration Section Division of Corporations P.O. Box 6327 Street/Courier Address Registration Section Division of Corporations Division of Corporations Clifton Building	

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassec, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	07 FEB	SECRE
LHALL LLC	20	
(Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,")		570
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Co	mpan)	RATIONS
Principal Office Address: Mailing Address:	•	• •
2111 THAMES WAY 3111 THAMES WAY		* **

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:

HOYCH HONICKMAN

Name

401 NE MIZNER BLUCK. APT TV06

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

BOCA RATON FL 3343V

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)
Page 1 of 2

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_	Lena Hall 3111 THAMES WAY MIRAMAR, FL330AV
	MIRAMAR, PC3304V
(Heaptonkmant (Consequent)	
(Use attachment if necessary)	
	e date of filing: (OPTIONAte specific and cannot be more than five business day
× fg	Hall
× fg	er or an authorized representative of a member.
Signature of a member (In accordance with se	ection 608.408(3), Florida Statutes, the execution titutes an affirmation under the penalties of perjury therein are true.)

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)