

L07000027863

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

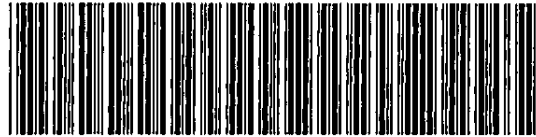
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

ALY

Office Use Only



800091797818

03/12/07--01043--006 **1221.25

FILED
2007 MAR 13 P 1:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Hall Capital Investment Company, 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:

Jane Henson
(Name of Person)

McAfee & Taft A Professional Corporation
(Firm/Company)

10th Fl, Two Leadership Square, 211 N. Robinson
(Address)

Oklahoma City, Oklahoma 73102
(City/State and Zip Code)

For further information concerning this matter, please call:

Jane Henson at (405) 552-2362
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☒ \$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

FILED
2001 MAR 13 P 1:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Hall Capital Investment Company, LLC

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

761 N.E. Orchid Bay Drive
Boca Raton, FL 33487

Mailing Address:

761 N.E. Orchid Bay Drive
Boca Raton, FL 33487

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:

Susan J. Martin

Name

761 N.E. Orchid Bay Drive

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

Boca Raton FL 33487

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.

Susan J. Martin

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

FILED
2007 APR 13 P 1:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

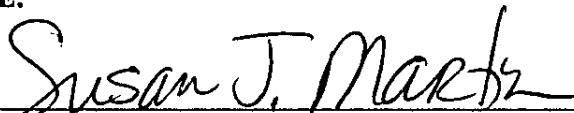
ARTICLE IV: Effective date will be the date of filing with the Florida Secretary of State.

FILED

2007 MAR 13 P 1:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REQUIRED SIGNATURE:



Susan J. Martin, Authorized Representative of 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.)

Susan J. Martin