

L08000100638

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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10/27/08--01035--013 **155.00

EFFECTIVE DATE 10/27/08

B. KOHR
OCT 28 2008
EXAMINER

FILED
08 OCT 27 AM 9:15
TALLAHASSEE, FLORIDA



PERFECT BALANCE, INC.



Independent and Certified
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Main Office
50 S. US Hwy One, Suite 312
Jupiter, Florida 33477
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Orlando Branch
P.O. Box 772348
Orlando, Florida 32877-2348
(407) 947-8057
(561) 746-0726 (fax)

www.perfectbalanceinc.com

bill@perfectbalanceinc.com

EFFECTIVE DATE

10/24/08

October 23, 2008

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301
(850) 245-6051

FILED
OCT 27 AM 9:15
TALLAHASSEE, FLORIDA

To Whom It May Concern:

Attached find the forms for forming "Halm, LLC."

If you have any further questions, please do not hesitate to contact me @
561-575-4919. Thank you.

Sincerely,

Bill Halm
President

BH:lb

COVER LETTER

EFFECTIVE DATE 10/24/08

TO: Registration Section
Division of Corporations

SUBJECT: HALM, 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:

William C. Halm
(Name of Person)

PERFECT BALANCE, INC
(Firm/Company)

50 S. US HWY #1, SUITE 312
(Address)

JUPITER, FL 33477
(City/State and Zip Code)

For further information concerning this matter, please call:

William C. Halm at (561) 575-4919
(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

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OCT 27 AM 9:15
TALLAHASSEE, FLORIDA

EFFECTIVE DATE 11/24/08

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

HALM, LLC

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

50 S. US HWY #1, STE 312
JUPITER, FL 33477

SAME

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:

William C. Halm

Name

50 S. US HWY #1, Suite 312

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

JUPITER, FL 33477

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..

William C. Halm

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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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:

MGRM

WILLIAM C. HARM
50 S. US HWY #1, STE 312
JUPITER, FL 33477

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 10-24-08 (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:

William C. Harm
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.)

William C. Harm
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)