

L08000114751

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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12/09/08--01019--022 **160.00

EFFECTIVE DATE

12/3/08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 DEC -9 PM 2:53

FILED

NOV 09 2008

DEC 17 2008

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 4205 HL, Limited Liability 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:

Martha Alvarado

(Name of Person)

4205 HL, Limited Liability Company, LLC

(Firm/Company)

2771 Executive Park Drive, Suite # 3

(Address)

Weston, FL 33331

(City/State and Zip Code)

For further information concerning this matter, please call:

D. Leyva

(Name of Person)

at (**305**) **264-5111**

(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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 10, 2008

MARTHA ALVARADO
2771 EXECUTIVE PARK DRIVE, SUITE #3
WESTON, FL 33331

SUBJECT: 4205 HL, LIMITED LIABILITY COMPANY, LLC
Ref. Number: W08000054903

We have received your document for 4205 HL, LIMITED LIABILITY COMPANY, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The suffix must be Limited Liability Company Or LLC. The Registered Agents name must be listed exactly as it appears on our records.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Neysa Culligan
Document Specialist

Letter Number: 008A00059862

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

4205 HL, 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:

2771 Executive Park Drive, Suite # 3

Weston, FL 33331

Mailing Address:

2771 Executive Park Drive, Suite # 3

Weston, FL 33331

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:

Keith Diamond,

Name

2771 Executive Park Drive, Suite # 3

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

Weston, FL 33331

FL

City, State, and Zip

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TALLAHASSEE, FLORIDA

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..

[Signature]
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:

MGR

Martha Alvarado

2771 Executive Park Drive, Suite # 3

Weston, FL 33331

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: Dec. 03, 2008. (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:

Martha Alvarado

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.)

Martha Alvarado

Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)