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Florida Department of State  
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## To:

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Fax Number : (850) 617-6383

## From:

Account Name : MOMBACH, BOYLE & HARDIN, P.A.  
Account Number : 074143000064  
Phone : (954) 467-2200  
Fax Number : (954) 467-2210

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## FLORIDA/FOREIGN LIMITED LIABILITY CO.

## HALLOWELL MEMPHIS, LLC

Certificate of Status	1
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**ARTICLES OF ORGANIZATION**  
**OF**  
**HALLOWELL MEMPHIS, LLC**

The undersigned, as the authorized representative of the initial member of HALLOWELL MEMPHIS, LLC, a Florida limited liability company formed hereunder (the "Company"), on behalf of the members of the Company, hereby forms a limited liability company under the laws of the State of Florida.

**ARTICLE I**  
**COMPANY NAME**

The name of the company is HALLOWELL MEMPHIS, LLC.

**ARTICLE II**  
**COMMENCEMENT AND TERM OF EXISTENCE**

In accordance with Section 608.409(1) of the Florida Limited Liability Company Act (the "Act"), the term of existence of the Company shall commence upon the filing of these executed Articles of Organization with the Florida Department of State, and shall continue perpetually, unless otherwise dissolved.

**ARTICLE III**  
**MAILING ADDRESS AND STREET ADDRESS OF COMPANY**

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

401 Jim Moran Boulevard  
Deerfield Beach, FL 33442

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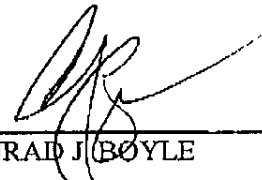
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ARTICLE IV  
REGISTERED AGENT AND REGISTERED AGENT ADDRESS

The registered agent and the street address of the registered agent of this Company in the State of Florida shall be:

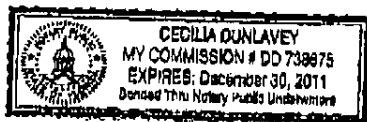
Conrad J. Boyle  
Mombach, Boyle & Hardin, P.A.  
500 East Broward Boulevard  
Suite 1950  
Fort Lauderdale, Florida 33394


IN WITNESS WHEREOF, the undersigned being the authorized representative of the initial members of the limited liability company hereby executes these Articles of Organization, this 21 day of September, 2009.

  
\_\_\_\_\_  
CONRAD J. BOYLE

STATE OF FLORIDA  
COUNTY OF BROWARD

The foregoing instrument was acknowledged before me this 21 day of September, 2009, by CONRAD J. BOYLE, who ☒ is personally known to me or who ☐ has produced a Florida driver's license as identification.



  
\_\_\_\_\_  
Notary Public - State of Florida  
My Commission Expires:  
Commission Number:

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Having been named as registered agent and to accept service of process for the above 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.

DATED this 21 day of September, 2009.

  
\_\_\_\_\_  
CONRAD J. BOYLE

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