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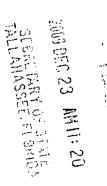
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T. CLINE

DEC 2 4 2009

EXAMINER

## . COVER LETTER

	tion Section of Corporations
SUBJECT:	HALL ENDEAVORS LLC
	Name of Limited Liability Company
The analoged Ar	alog of Owngringtion and foo(a) are submitted for filling
	cles of Organization and fee(s) are submitted for filing.
Please return all	orrespondence concerning this matter to the following:
	MARK A. HALL
~	MARK A. HALL  Name of Person
	11111 5 5 5 6 110
<del></del>	HALL ENDEAVORS LLC Firm/Company
	Address  WINTER GARDEN FL 34787  City/State and Zip Code  MARK ALLIN HALL C G-MA-L- Com  E-mail address: (to be used for future annual report notification)  ation concerning this matter, please call:  21 (407) 484 2033
	Address
	WINTER GARden FL 34787
	City/State and Zip Code
<del></del>	E-mail address: (to be used for future annual report notification)
Ear further infor	ation concerning this matter places call:
r or rurnier intori	ation concerning this matter, please call:
MARK	. HALL at ( 407 ) 484 2033 == =
	Area Code & Daytime Telephone Number Code & Daytime Telephone Number Code & Cod
Englosed is a ch	ck for the following amount:
_	-
<b>3</b> \$125.00 Filing	Fee \$\int_\$130.00 Filing Fee & \$\int_\$\$155.00 Filing Fee & \$\int_\$\$160.00 Filing Fee, Certificate of Status & Certified Copy
	(additional copy is enclosed) Certified Copy
	(additional copy is enclosed)
	Mailing Address Street/Courier Address
	Registration Section Registration Section Division of Corporations Division of Corporations
	P.O. Box 6327 Clifton Building
	Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Company	y is:	
: (Must end with the words "Limited	Liability Company," "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the	ne principal office of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
WINTER GARden FL 3478)	21/8 OAKINGTON STREET WINTER GARden, FL 34787	
ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot serve as its own business entity with an active Florida registration.)	ered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual of another	
The name and the Florida street address of t	the registered agent are:	
MARK A. H	ame and a second	
21/8 OAKING Florida street address (	P.O. Box NOT acceptable)	
	Leu FL 34787 ate, and Zip	
City, Sta	ate, 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)

## Page 1 of 2

"MGR" = Mana "MGRM" = Mar		Name and Address:
MGRM		MARK A. HALL 2118 OAKINGTON STREET WINTER GARden, FL 3478>
	<u>.                                    </u>	
i		
(Haa attaahmaart	if nonaggorith	
	date, if other than the d	ate of filing: (OPTIONA specific and cannot be more than five business day
LE V: Effective fective date is lis	date, if other than the date, the date must be sate of filing.)  GNATURE:	

\$ 5.00 Certificate of Status (Optional)