# L10000057967

, (Re	questor's Name)	
(Add	dress)	
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(City	//State/Zip/Phon	e #)
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C. LEWIS

Jun 1 2010

EXAMINER

# **COVER LETTER**

TO: Registration S Division of Co	Section orporations		
SUBJECT: Half Wa		y company LLC.	<u> </u>
	Name of Limit	ed Liability Company	
	of Organization and fee(s) are	· ·	
Scott Mesnic	k		
		Name of Person	
Georgi Gemn	na Inc.		
		Firm/Company	
579 Fifth Ave	nue		
		Address	
New York, N			
	Cit	y/State and Zip Code	
scott@MGBM		for future annual report notification)	
For further information	concerning this matter, please	•	
Scott Mesnick		at (_212)300-5999	
Name	of Person	Area Code & Daytime Tele	phone Number
Enclosed is a check for	or 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)
	Moiling Address	Street/Courier Address	

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

May 10, 2010

SCOTT MESNICK / GEORGI GEMMA INC. 579 FIFTH AVE. NEW YORK, NY 10017

SUBJECT: HALF WAY HOME LLC.

Ref. Number: W10000022627

We have received your document for HALF WAY HOME 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 name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words Limited Liability Company, the abbreviation L.L.C., or the designation LLC. The word Limited may be abbreviated as Ltd. and the word Company may be abbreviated as Co. The following suffixes are no longer acceptable: Limited Company, L.C., and LC.

Please return the corrected original and one copy of 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) 245-6047.

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 510A00011696

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	- m - a
Haif weigh H	LLC.
(Must end with the words "Limited Liability	y Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the prin	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
579 FIFTH AVE Soile 414	579 Fifth Avenue Suite 414
579 FIFTH AVE So. Le 414. New York, N.Y. 10017.	New York, NY 10017
(The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)  The name and the Florida street address of the re	NALL SEC
Philip Wirtenberg	
Name	ess (P.O. Box NOT acceptable)
388 North River Road	TO SES
Florida street addr	ess (P.O. Box NOT acceptable)
Venuce	FL 34293
City, State	e, and Zip
liability company at the place designated in the registered agent and agree to act in this capacity.	ccept service of process for the above stated limited is certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and

2010 MAY 28 AM & 42

MALLAHASSEE, FLOODINA

# ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager	Name and Address:	
"MGRM" = Managing Member		
mental managing memori		
MGMR	Scott Mesnick	
	342 East 67th. Street 10E	
	New York, NY 10065	
MGMR	David Wirtenberg	<u> </u>
<del></del>	315 East 65th Street 5F	
	New York, NY 10065	
•		
		- <del></del>
	•	
(Use attachment if necessary)		
ICLE V: Effective date, if other than the	e date of filing:	(OPTIONAL)
effective date is listed, the date must l	be specific and cannot be more than five	business days p
90 days after the date of filing.)		, <u>-</u>
• 0,	•	

**REQUIRED SIGNATURE:** 

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.)

Scott Mesnick

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)

Page 2 of 2