L1000105385

(Requestor's Name)									
(Address)									
(Address)									
(City/State/Zip/Phone #)									
PICK-UP WAIT MAIL									
(Business Entity Name)									
(Document Number)									
Certified Copies Certificates of Status									
Special Instructions to Filing Officer:									

Office Use Only



400185054834

TO ACKNOWLEDGE SUFFICIENCY OF FILING

DEPARIMENT OF STATE
DIVISION OF CORPORATIONS

B. KOHR

OCT - 8 2010

EXAMINER

10 OCT -8 PH 1: 15



ACCOUNT NO. : 12000000195

REFERENCE: 535445

4380270

AUTHORIZATION Since

COST LIMIT : \$ 125.00

 	· - ·	 															

ORDER DATE: October 7, 2010

ORDER TIME : 5:0 PM

ORDER NO. : 535445-005

CUSTOMER NO: 4380270

DOMESTIC FILING

NAME: HMF REALTY LLC

EFFECTIVE DATE:

	ARTICLES OF	INCORPORATION
	CERTIFICATE	OF LIMITED PARTNERSHIP
XX	ARTICLES OF	ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY _ PLAIN STAMPED COPY _ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Matthew Young - EXT. 2062

EXAMINER'S INITIALS:

ARTICLES OF ORGANIZATION FOR FL	ORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name: The name of the Limited Liability Company is:	ORIDA LIMITED LIABILITY COMPANY
HMF Realty LLC	•
(Must end with the words "Limited Liabili	ty Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
17341 Allenbury Court Boca Raton, Florida 33496	17341 Allenbury Court Boca Raton, Florida 33496
ARTICLE III - Registered Agent, Registered (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	egistered agent are:
Harriet M. Finger	
Name	
17341 Allenbury Court	
Florida street add	ress (P.O. Box <u>NOT</u> acceptable)
Boca Raton	FL 33494
City, Sta	te, and Zip
liability company at the place designated in th	ccept service of process for the above stated limited his certificate, I hereby accept the appointment as I further weree to comply with the provisions of al

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)

(CONTINUED)

Page 1 of 2

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

1.

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Harriet M. Finger 17341 Allenbury Court Boca Raton, Florida 33494
(Use attachment if necessary)	
TICLE V: Effective date, if other than the effective date is listed, the date must r 90 days after the date of filing.)	he date of filing: (OPTIONAL) be specific and cannot be more than five business days pr
REQUIRED SIGNATURE:	Lating Ferrer
<u></u>	iber or an authorized representative of a member.
constitutes an affirmation un I am aware that any false info	508.408(3), Florida Statutes, the execution of this document ider the penalties of perjury that the facts stated herein are true. Formation submitted in a document to the Department of State only as provided for in s.817.155, F.S.)
Harriet M. Fing	

T.

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)